

**Facilitator Checklist
Lesson 1 - Adults**

Name _____

Site _____

Date _____

UNDER THE “DONE” COLUMN, MAKE A CHECK MARK IF YOU COMPLETED THE ACTIVITY. MARK EITHER “WORKED GREAT, KEEP IT” OR “NOT SO GREAT, NEEDS CHANGES” FOR EACH ACTIVITY THAT WAS COMPLETED.

	Done <input checked="" type="checkbox"/>	Activity	“Worked great, keep it!”	“Not so great, needs changes.”
1.		Icebreaker activity -M&M’s		
2.		Overview of the program		
3.		Handouts		
4.		PowerPoint slides		
5.		Video clip from “Stepmom” and discussion		
6.		Did you use an optional video? Which one?		
7.		Stepfamily quiz: Myth or Reality		
8.		What The Children Learned		
9.		Family Activity		
10.		Process Activity		
11.		Additional Handouts (specify)		

List two activities that worked particularly well. Why? If appropriate, use quotes/examples from participants.

- _____
- _____

Provide comments and/or suggestions regarding activities that did not work well. If appropriate, use quotes/examples from participants.

- _____
- _____

What changes, if any, did you make to the implementation of this lesson? Why? *(Continue on the back of page if needed.)*

REMEMBER TO UPDATE YOUR PARTICIPANT ATTENDANCE RECORD

Office Use Only

Class: _____ Cohort: _____ Agency: _____ ID: _____ Entered: _____