

**Facilitator Checklist
Lesson 3 – 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 / Discussion		
2.		Introduction		
3.		Activity: Empathy		
4.		Activity: Stepparenting – What works		
5.		Child/Adolescent Development PowerPoint slides and discussion		
6.		Parenting Styles PowerPoint slides		
7.		Handout: “What’s your Parenting Style” and discussion		
8.		Discipline PowerPoint slides		
9.		Activity: Discipline techniques and discussion		
11.		What The Children Discussed		
12.		Family Activity: Comparisons Worksheet		
13.		Process Activity		
14.		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: _____