

**Facilitator Checklist
Lesson 6 - Adults**

Name _____

Site _____

Date _____

Attendance: _____ # of Couples

_____ # of Single Individuals

_____ Total # of people

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.

	Done <input checked="" type="checkbox"/>	Activity	"Worked great, keep it!"	"Not so great, needs changes."
1.		Icebreaker / Discussion		
2.		Stress Management: PowerPoint slides		
3.		Activity: "Sources of Stress" worksheets and discussion		
4.		Activity: "My Stress Management Plan" handout and discussion		
5.		Activity: Appreciation Cards and discussion		
6.		Activity: Family Strengths - "My Stepfamily Strengths" questionnaire and discussion		
7.		Children's Presentation		
8.		Post Program Evaluation		
9.		Additional Handouts (specify)		

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

1. _____

2. _____

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

1. _____

2. _____

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

Name: _____ Site (location): _____
 (Please print)

Facilitator Questionnaire

(To be completed at the end of the final class)

IN ADDITION TO THE INFORMATION BEING GATHERED FROM YOUR CLASS PARTICIPANTS WE ARE ALSO INTERESTED IN INFORMATION AND FEEDBACK FROM YOU. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOURSELF AND THE CLASS YOU TAUGHT AS HONESTLY AND ACCURATELY AS POSSIBLE. THERE ARE NO "RIGHT" ANSWERS AND YOUR RESPONSES WILL REMAIN CONFIDENTIAL.

PART A. QUESTIONS ABOUT YOU:

1. Age _____

2. Sex Male Female

3. Please indicate your ethnic background: (check only one)

- | | | | |
|---|---|------------------------------------|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Asian-American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Bi-Racial | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other: _____ |

4. What is your current occupation? (e.g. therapist, case manager) _____

5. How many years of experience do you have working professionally with families? _____

6. What is your present relationship status? (check only one)

- | | |
|---|--|
| <input type="checkbox"/> First marriage | <input type="checkbox"/> In a couple relationship (never been married) |
| <input type="checkbox"/> Engaged to be married for the first time | <input type="checkbox"/> In a couple relationship (divorced/widowed) |
| <input type="checkbox"/> Remarried | <input type="checkbox"/> Single (I'm not in a couple relationship) |
| <input type="checkbox"/> Engaged to be remarried | <input type="checkbox"/> Other: _____ |

7. Do you or your current spouse/partner have stepchildren? Yes No

8. Growing up, did you ever live in a stepfamily? Yes No

9. Have you ever taken a formal class/course on stepfamily or remarriage development? Yes No

10. What is your level of education (check only one):

- | | |
|---|---|
| <input type="checkbox"/> No formal education | <input type="checkbox"/> Completed trade or technical school |
| <input type="checkbox"/> Some grade school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Completed grade school | <input type="checkbox"/> 4 year college degree completed |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some graduate school or professional school |
| <input type="checkbox"/> Completed high school or GED | <input type="checkbox"/> Post-graduate or professional degree completed |
| <input type="checkbox"/> Some trade or technical school | |

11. Please indicate what (if any) degrees, credentials, or licenses you hold: _____

PART B. QUESTIONS ABOUT YOUR CLASS

1. What format did you use?

- 6 weekly two-hour sessions
 2 six-hour Sessions
 One day (e.g. Saturday)
 Other _____

2. Did you hold your classes at a location other than your agency location?

Yes No If yes, where? _____

3. How did you advertise/recruit participants for your class ?(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Flyers | <input type="checkbox"/> Phone calls to past clients |
| <input type="checkbox"/> Paid newspapers ads | <input type="checkbox"/> Phone calls to current clients |
| <input type="checkbox"/> Free newspaper ads | <input type="checkbox"/> Mailings to past clients |
| <input type="checkbox"/> Paid radio ads | <input type="checkbox"/> Mailings to current clients |
| <input type="checkbox"/> Free radio ads | <input type="checkbox"/> Personal invitations to current clients |
| <input type="checkbox"/> Television | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Other (Please specify): _____ | |

4. At what locations did you advertise/recruit couples for your class? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Local schools | <input type="checkbox"/> Within your own agency |
| <input type="checkbox"/> Referring agencies | <input type="checkbox"/> Churches |
| <input type="checkbox"/> Other (Please specify): _____ | |

5. How much did you spend on advertising/recruiting? \$ _____

6. What did you do for incentives (e.g., food, completion rewards, gas cards, etc.)? In addition to the description of each incentive, please indicate the \$ amount per person?

Example: A non-religious book about marriage if 5 out of 6 classes were attended	\$ 10.00 /person
_____	\$ _____ /person
_____	\$ _____ /person
_____	\$ _____ /person
_____	\$ _____ /person

7. Overall, how much did you spend on incentives for this class series? \$ _____

PART C. QUESTIONS ABOUT YOUR EXPERIENCE FACILITATING CLASSES

1. Please indicate the extent to which you agree or disagree with the following statements about your class participants and the classes themselves.		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
A.	The participants would say that I (as the facilitator) explained the course material clearly and answered questions well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	The participants would say that I (as the facilitator) was effective in stimulating participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	The participants would say that I (as the facilitator) cared about group members and offered support and encouragement during the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	The participants would say that I (as the facilitator) managed the time and flow of the sessions effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	The participants would say that I (as the facilitator) drew upon my own experiences in an appropriate and effective way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	The program was relevant and useful to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	The meeting site was accessible to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	The facilities were comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	The length and time of sessions fit well with participant’s work/family schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	The program was what participants expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	Participants learned knowledge and skills about healthy relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L.	Participants will recommend this program to friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please mark the appropriate box.		Very Poor	Poor	Average	Good	Excellent
A.	Rate the overall quality of your work as facilitator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Rate your overall experience teaching the Smart Steps program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Rate the overall level of participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Rate the overall quality of discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Rate the overall quality of the program materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please rate the following statements about your training.		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
A.	I was well trained to use the curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	I was well trained to administer the questionnaires.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	The expectations for my involvement with this project were clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	I will offer this course again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Did you attend the formal facilitator training hosted by USU? Yes No

5. Please use this space to write anything that you think would help improve the program, training, class offerings, and/or evaluation process. *(Use the back of this page if needed)*

Thank you for your time! Your honest responses help make it possible for us to improve the program and to continue these classes in the future.