

**Facilitator Checklist
Lesson 1 - Children**

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.		My family picture and questionnaire		
3.		Family Quiz and discussion		
4.		Video Clip of “Strong Families” and discussion		
5.		Did you use an additional video? Which one?		
6.		Optional Activity: Family Constellation and discussion		
7.		Lesson Summary		
8.		Family Activity: “My Family” worksheet (Flower worksheet for young children)		

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: _____