

**Facilitator Checklist
Lesson 2 - 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.		Activity: Timeline and discussion		
2.		Optional Activity: Change Worksheet		
3.		Handout :“Changes in My Life”		
4.		Video Clip of “Changes”		
5.		Handout: “What do you feel” and “Where are your emotions or feelings”		
6.		Handout: “Managing Anger”		
7.		Lesson Summary		
8.		Family Activity: Change worksheet		

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

Office Use Only

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