

**Facilitator Checklist  
Lesson 3 – 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.

	<b>Done</b> <input checked="" type="checkbox"/>	<b>Activity</b>	<b>“Worked great, keep it!”</b>	<b>“Not so great, needs changes.”</b>
1.		Understanding Differences - Group Discussion		
2.		Activity: Grafitti		
3.		Optional Activity: Thumbs Up/Thumbs Down		
4.		Optional video clip “Traveling Pants”		
5.		Activity: Understanding Stereotypes		
6.		Activity: Empathy and Shared Meaning - Footsteps		
7.		Video clip of “Stepmom”		
8.		Video clip of “Man of the House”		
9.		Activity: Symbols		
10.		Lesson Summary		
11.		Family Activity: Comparisons 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: \_\_\_\_\_