

**Facilitator Checklist  
Lesson 6 – 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: Appreciation Cards		
2.		Activity: Mental Challenge		
3.		Evaluation		

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: \_\_\_\_\_



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    ① Male    ② Female

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

- |                    |                  |             |                   |
|--------------------|------------------|-------------|-------------------|
| ① African-American | ② Asian-American | ③ Caucasian | ④ Hispanic/Latino |
| ⑤ Native American  | ⑥ Bi-Racial      | ⑦ Unknown   | ⑧ 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)

- |  |  |
|--|--|
| ① First marriage                           | ⑤ In a couple relationship (never been married)      |
| ② Engaged to be married for the first time | ⑥ In a couple relationship (divorced/widowed)        |
| ③ Remarried                                | ⑦ Single/Divorced (I'm not in a couple relationship) |
| ④ Engaged to be remarried                  | ⑧ Other: _____                                       |

7. Do you or your current spouse/partner have stepchildren?    ① Yes    ② No

8. Growing up, did you ever live in a stepfamily?    ① Yes    ② No

9. Have you ever taken a formal class/course on stepfamily or remarriage development?    ① Yes    ② No

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

- |                                  |  |
|----------------------------------|--|
| ① No formal education            | ⑦ Completed trade or technical school            |
| ② Some grade school              | ⑧ Some college                                   |
| ③ Completed grade school         | ⑨ 4 year college degree completed                |
| ④ Some high school               | ⑩ Some graduate school or professional school    |
| ⑤ Completed high school or GED   | ⑪ Post-graduate or professional degree completed |
| ⑥ 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?

- ① 6 two-hour sessions (over 6 weeks)
- ④ Other: \_\_\_\_\_
- ⑤ 6 two-hour sessions (over 3 weeks)

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

① Yes    ② No    If yes, where? \_\_\_\_\_

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

- ① Flyers
- ② Paid newspaper ads
- ③ Free newspaper ads
- ④ Paid radio ads
- ⑤ Free radio ads
- ⑥ Television
- ⑬ Other (Please specify): \_\_\_\_\_
- ⑦ Phone calls to past clients
- ⑧ Phone calls to current clients
- ⑨ Mailings to past clients
- ⑩ Mailings to current clients
- ⑪ Personal invitations to current clients
- ⑫ Word of mouth

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

- ① Local schools
- ② Referring agencies
- ⑤ Other (Please specify): \_\_\_\_\_
- ③ Within your own agency
- ④ Churches

**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**

<b>1. Please indicate the extent to which you agree or disagree with the following statements about your class participants and the classes themselves.</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
A. The participants would say that I ( <i>as the facilitator</i> ) explained the course material clearly and answered questions well.	①	②	③	④	⑤
B. The participants would say that I ( <i>as the facilitator</i> ) was effective in stimulating participation.	①	②	③	④	⑤
C. The participants would say that I ( <i>as the facilitator</i> ) cared about group members and offered support and encouragement during the program.	①	②	③	④	⑤
D. The participants would say that I ( <i>as the facilitator</i> ) managed the time and flow of the sessions effectively.	①	②	③	④	⑤
E. The participants would say that I ( <i>as the facilitator</i> ) drew upon my own experiences in an appropriate and effective way.	①	②	③	④	⑤
F. The program was relevant and useful to participants.	①	②	③	④	⑤
G. The meeting site was accessible to participants.	①	②	③	④	⑤
H. The facilities were comfortable.	①	②	③	④	⑤
I. The length and time of sessions fit well with participant’s work/family schedule.	①	②	③	④	⑤
J. The program was what participants expected.	①	②	③	④	⑤
K. Participants learned knowledge and skills about healthy relationships.	①	②	③	④	⑤
L. Participants will recommend this program to friends.	①	②	③	④	⑤

2. Please mark the appropriate box.		Very Poor	Poor	Average	Good	Excellent
A.	Rate the overall quality of your work as facilitator.	①	②	③	④	⑤
B.	Rate your overall experience teaching the Smart Steps program.	①	②	③	④	⑤
C.	Rate the overall level of participation.	①	②	③	④	⑤
D.	Rate the overall quality of discussions.	①	②	③	④	⑤
E.	Rate the overall quality of the program materials	①	②	③	④	⑤

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.	①	②	③	④	⑤
B.	I was well trained to administer the questionnaires.	①	②	③	④	⑤
C.	The expectations for my involvement with this project were clear.	①	②	③	④	⑤
D.	I will offer this course again.	①	②	③	④	⑤

4. Did you attend the formal facilitator training hosted by USU? ① Yes ② 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.