

ESD 112 – COWLITZ COUNTY SS/HS PROJECT READY! FOR KINDERGARTEN PROGRAM

Workshop Implementation Checklist

Q-1 Instructor Name: _____ **Q-2.** Date: _____ **Q-3.** Site: _____

Q-4. Workshop Type (select one)

- 1) Infants
- 2) Age 1-2
- 3) Age 2-3
- 4) Age 3-4
- 5) Age 4-5

Q-5. Workshop Conducted

- 1) Classroom
- 2) One-on-one

For each of the topics listed below, check “yes” or “no” to indicate if you completed the task.

Workshop Preparation	Yes	No
Q-6. Attended READY! training/meetings	<input type="checkbox"/>	<input type="checkbox"/>
Q-7. Prepared for class ahead of time	<input type="checkbox"/>	<input type="checkbox"/>
Q-8. Collected Participant Enrollment forms (new participants)	<input type="checkbox"/>	<input type="checkbox"/>
Q-9. Collected Participant Surveys	<input type="checkbox"/>	<input type="checkbox"/>

For each major objective, check “yes” or “no” to indicate if it was covered when you lead the session.

Session Objectives	Yes	No
Q-10. Shapes (letters, numbers, geometric forms, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Q-11. Sounds (reading, speaking, music, rhyming, imitating, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Q-12. Math concepts (counting, patterns, “more/less than”, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Q-13. Social Skills (cooperation, attention span, settling, etc).	<input type="checkbox"/>	<input type="checkbox"/>

Q-14. Please indicate how closely the workshop followed the prepared class outline (PowerPoint). Select one answer.

- 1) Not at all. I did not follow the PowerPoint outline.
- 2) Partially. I mostly followed the PowerPoint outline, but I did not cover all session objectives and curriculum, or I addressed all objectives, but not all curriculum materials.
- 3) Fully. I followed the PowerPoint outline and model curriculum and I addressed all session objectives.
- 4) Fully, with adaptations. I followed the PowerPoint outline, and I provided supplementary information not covered in curriculum materials.

If additional materials/information were provided, please provide a brief explanation. _____

Q-15. Were parents referred to needed resources?

- 1) Yes
- 2) No

Q-16. Indicate the number of READY! workshops you have instructed.

- 1) 1
- 2) 2
- 3) 3
- 4) 4
- 5) 5 or more

Q-17. On a scale from 1 (low) to 5 (high), rate how well parents responded to this session. _____

Comments: _____

**ESD 112 – COWLITZ COUNTY SS/HS PROJECT
READY! FOR KINDERGARTEN PROGRAM**

Fidelity Observation Checklist

For each of the following items, select the option that most closely matches the instructor’s level of implementation fidelity.

Q-1. Instructor modeled in-class activities, when appropriate.

- 1) No activities modeled.
- 2) Modeled some activities, but parents needed more models.
- 3) Modeled in-class activities per curriculum
- 4) Modeled in-class activities per curriculum and provided more activities to meet parents’ needs.

Q-2. Instructor allowed sufficient time for participants to practice in-class activities.

- 1) Provided no opportunities for practice.
- 2) Provided practice time, but parents needed more opportunity for practice.
- 3) Provided sufficient opportunity to meet parents’ needs.

Q-3. Instructor followed PowerPoint class outline and duration.

- 1) Class outline and duration were not followed.
- 2) Followed PowerPoint class outline, but duration/intensity of topic was not sufficient.
- 3) Followed PowerPoint class outline and topics were covered with sufficient duration/intensity.

Q-4. Instructor covered targets specified for age group.

- 1) Targets for age groups not covered.
- 2) Targets partially covered, but parents needed more instruction.
- 3) Followed curriculum, targets covered.
- 4) Followed curriculum, targets covered, and provided more opportunities to meet parents’ needs.

Q-5. Instructor covered research slide.

- 1) Research slide not covered.
- 2) Research slide partially covered, parents would have benefited from more instruction.
- 3) Fully covered slide per model curriculum.
- 4) Fully covered slide and provided more opportunities to meet parents’ needs.

Q-6. Instructor emphasizes reading 20 minutes per day.

- 1) Reading not emphasized.
- 2) Reading emphasized, but did not stress importance of reading 20 minutes per day.
- 3) Followed curriculum and sufficiently emphasized importance of reading 20 minutes per day.

Q-7. Instructor reviewed parent handouts.

- 1) Handouts not reviewed.
- 2) Handouts reviewed, but parents needed more explicit instructions.
- 3) Followed curriculum and provided explicit instructions to meet parents’ needs.

Q-8. Instructor covered the concept, “play with a purpose.”

- 1) Concept not covered.
- 2) Concept partially covered, and parents needed additional instruction.
- 3) Concept covered per curriculum.
- 4) Followed curriculum and provided opportunities to meet parents’ needs.

Q-9. Parents were engaged in the lesson during instructor-led instruction.

- 1) Engaged less than 25% of the time.
- 2) Engaged 26-50% of the time
- 3) Engaged 51-75% of the time
- 4) Engaged more than 75% of the time.

Comments: _____

PARENTING AN ATHLETE – Facilitator Checklist Packet
Pre-Program Information

Location of Program: _____

Your Name: _____

This implementation checklist packet has been created to capture how much of the program was delivered in each session. This helps the evaluators measure program "fidelity". These checklists are not a measure of your effectiveness, and will not be used to judge your skill or competence in delivering the program.

There are three parts to the checklist packet: (1) this front page, to be completed prior to when the program starts; (2) Facilitator Checklists to be completed immediately after each session is delivered; and (3) a Program Implementation Wrap-up to be completed shortly after all five sessions are delivered.

Tips: Always complete the Facilitator Checklists right after each session. There are occasions when an entire session may not be completed, when a program component was modified to better fit the context, or when there is time left over to implement an activity that is not part of the curriculum. When these situations arise, please explain them as thoroughly as possible.

Please complete the following questions:

1. What is the highest educational degree that you have obtained? _____
2. How many years have you been a prevention specialist/educator? _____
3. Do you anticipate making any additions, deletions, or modifications when delivering the program? Yes No
4. If "yes", what are they and why?

Anticipated Additions (write in)	Reason for Anticipated Addition(s) (write in)
Anticipated Deletions (write in)	Reason for Anticipated Deletion(s) (write in)
Anticipated Modifications (write in)	Reason for Anticipated Modification(s) (write in)

PARENTING AN ATHLETE – Facilitator Checklist
Session 1: Building the Resilient Athlete

Location of Program: _____ Your Name: _____ Date: ____/____/____

Length of Session: _____ hours _____ minutes Number of Participants: _____

1. Please indicate how much you covered each session objective listed below.

Session 1 Objectives	← Not Covered		Completely Covered →		
Parents able to identify resiliency factors and understand how sports and physical fitness can assist a child in experiencing and understanding their own resiliency.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Parents able to appreciate, in a more tangible sense, their role as teachers and role models to their children.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. Please indicate how much you covered each session topic/activity listed below.

Session 1 Agenda	← Not Covered		Completely Covered →		
Welcome and Introduction to the Program	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Benefits of Athletics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Resiliency and Sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Parental Roles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Athletic Careers and Recruiting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Talking to Your Child About Sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
The "Goose Story"	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Session 1 Activities	← Not Covered		Completely Covered →		
"Why Participate in Sports?" – Child Graphic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
"What is Your Role as a Parent?" – Child/Parent Graphic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
"Building Self-Esteem and Resiliency"	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Introduction to "Talking With Your Child About Sports"	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

3. How well do you think the participants responded to this session?

Session Ratings	← Not At All		Very/Completely →		
How well do you think participants responded to this session?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How engaged were the participants?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How confident are you that this session will be effective?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How suitable do you think this less was for the participants?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

4. Please describe how, if at all, you made changes to this session any why. If you did not make any changes leave this blank.

Additions (write in)	Reason for Addition(s) (write in)
Deletions (write in)	Reason for Deletion(s) (write in)
Modifications (write in)	Reason for Modification(s) (write in)

5. Write any other comments you have about this session here (use the back if you need more room).

PARENTING AN ATHLETE – Facilitator Checklist Packet Program Implementation Wrap-Up

There are many reasons why modifications/adaptations, additions, and/or deletions may have been made during program implementation.

1. Looking back on the implementation of the program, which of the following statements best describes the manner in which the program was implemented? (please check one):
 - No substantial changes were made to the program (you are done – thank you).
 - A few changes were made to the program (please answer #2 and #3).
 - A number of changes were made to the program (please answer #2 and #3).

2. How would you characterize the nature of the changes (check all that apply):

<input type="checkbox"/> Content of the sessions	<input type="checkbox"/> Method of delivery
<input type="checkbox"/> Duration of the sessions	<input type="checkbox"/> Number of sessions
<input type="checkbox"/> Materials used	<input type="checkbox"/> Number of participants
<input type="checkbox"/> Setting/Location	<input type="checkbox"/> Number of staff/volunteers involved in delivery
<input type="checkbox"/> Time frame for delivery of sessions (e.g., closer or farther apart than recommended)	

3. We'd like you to look back on the implementation of the program for this specific group and consider how each of the following issues may or may not have affected your program's implementation (write-in where appropriate).
 - a) Recipient issues (e.g. cultural norms, demographics, etc.)

 - b) Program provider issues (e.g. staff recruitment/retention issues, costs, etc.)

 - c) Community issues (e.g. political climate, traumatic incident, community norms, etc.)

 - d) Setting issues (e.g. policies, scheduling, facilities, etc.)

 - e) Sustainability issues (e.g. potential funding leverage, community buy-in, etc.)

 - f) Training issues (e.g., the training you received did not adequately prepare you for the realities you encountered when delivering the curriculum).

PARENTING AN ATHLETE

Program Manager Observation Packet

Purpose of this Observation Packet

This Program Manager Observation Packet has been created to capture information on how much of the program was delivered, on average, by the program facilitators. This helps the evaluators measure program "fidelity".

Content of the Observation Packet

Each observation checklist is designed to collect information on

1. The extent to which the facilitator covered the session **objectives**.
2. The extent to which the facilitator covered each **topic/activity** in the session.
3. The degree to which you feel that participants were **responsive and engaged** with the session.
4. The degree to which you feel the facilitator was **knowledgeable and prepared** to deliver the session.
5. How, if at all, you feel that the facilitator changed the session (e.g., additions, deletions, modifications).
6. Any additional comments you have about the session (e.g., manner in which it was delivered).

Frequency of Observations

Ideally, observations should be conducted at least once for each facilitator and for at least one of each session during a program cycle. In other words, if you have four facilitators delivering the program, you should make an effort to make an unannounced visit to each facilitator at least one time during the program cycle. Similarly, if the program is being delivered four times during the Spring cycle, you should make an effort to attend at least one of each session during the program cycle (i.e., sessions 1-5).

The main idea is to observe a representative sample of sessions and facilitators to be able to make generalizations to the entire program delivery. To get an accurate picture of how the program is being delivered in the field, you want to get an idea of the abilities of each of your facilitators (to identify any areas of improvement), and an idea of how each session is being delivered (to identify potential changes to individual sessions such as pacing, content, etc.).

You may need to make multiple copies of the sheets in this packet if you intend to visit the same session more than one time during a given program cycle.

Tips: It is best to complete this form as soon as possible following the delivery of each session. For questions #1 and #2 about the objectives and topics/activities covered, it might make sense to complete these items during the session as the facilitator covers them.

PARENTING AN ATHLETE – Program Manager Observation Checklist

Session 1: Building the Resilient Athlete

Location of Program: _____ Facilitator Name: _____ Date: ____/____/____

Length of Session: _____ hours _____ minutes Number of Participants: _____

1. Please indicate how much the facilitator covered each session objective listed below.

Session 1 Objectives	← Not Covered		Completely Covered →		
Parents able to identify resiliency factors and understand how sports and physical fitness can assist a child in experiencing and understanding their own resiliency.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Parents able to appreciate, in a more tangible sense, their role as teachers and role models to their children.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. Please indicate how much the facilitator covered each session topic/activity listed below.

Session 1 Agenda	← Not Covered		Completely Covered →		
Welcome and Introduction to the Program	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Benefits of Athletics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Resiliency and Sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Parental Roles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Athletic Careers and Recruiting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Talking to Your Child About Sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
The "Goose Story"	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Session 1 Activities	← Not Covered		Completely Covered →		
"Why Participate in Sports?" – Child Graphic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
"What is Your Role as a Parent?" – Child/Parent Graphic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
"Building Self-Esteem and Resiliency"	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Introduction to "Talking With Your Child About Sports"	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

3. How well do you think the participants responded to this session?

Session Ratings	← Not At All		Very/Completely →		
How well do you think participants responded to this session?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How engaged were the participants?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How confident are you that this session will be effective?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How suitable do you think this less was for the participants?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

4. How would you rate the facilitator along the following dimensions?

Facilitator Ratings	← Not At All		Very/Completely →		
How knowledgeable do you feel the facilitator was of the content?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How enthusiastic do you feel the facilitator was?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How well prepared do you feel the facilitator was?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How well did the facilitator meet the theoretical ideal for this session?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

5. Please describe how, if at all, you feel that the facilitator changed or modified this session.

Additions (write in)

Deletions (write in)

Modifications (write in)

6. Please indicate any other comments you have about this session (use the back if you need more room).

Second Step Lesson Observation Form

This form is for use by trainers or administrators when observing lesson presentations. Lines printed in bold are general statements followed by examples of how teachers might demonstrate that teaching strategy.

Unit _____ Lesson Number _____

Lesson Title _____ Date _____

Teacher _____ Grade _____

Storytelling and Group Discussion

Maintained interest with good pacing and personalized examples:

- Read at a comfortable and grade-appropriate listening pace
- Read with a clear reading voice
- Used personal examples or anecdotes
- Resolved questions being raised without getting bogged down

Clearly Evident
or Observed Partially Evident
or Observed Not Evident
or Observed

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Followed lesson outline completely and sequentially:

- Defined key concepts clearly and used terms correctly
- Focused on lesson themes and objectives
- Checked for comprehension and corrected students who were confused
- Related concepts to student experience
- Reviewed lesson theme at end of session

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Used empathic and nonjudgmental responses with students:

- Used nonjudgmental responses (“That’s one idea. What’s another?” rather than “Good idea.”)
- Responded empathically to student-related experience (listened, nodded)
- Demonstrated active-listening skills (maintained eye contact, rephrased or repeated students’ words)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Encouraged participation of all students:

- Arranged classroom to include all students
- Displayed photo and/or skill-steps poster to all students
- Called on a variety of students
- Waited a bit before calling on someone (occasionally waited for all hands up)
- Used a variety of discussion techniques (pair and share, small group)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Clearly Evident or Observed	Partially Evident or Observed	Not Evident or Observed
Role-Play or Activity			
Guided student generation of behavioral-skills steps:			
• Asked for steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Asked for best sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Asked leading questions or suggested steps when students were not forthcoming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modeled skill steps or concept simply and accurately:			
• Model role-play clearly illustrated theme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emotional expression and voice tone was obvious and appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Modeled positive self-reinforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitated student role-play or activity:			
• Gave clear and focused instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provided coaching and cueing during role-plays or activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Had students repeat role-play or activity to clarify key skills or concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guided students in evaluating the role-plays:			
• Referenced steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Phrased questions to elicit specific, constructive, informative feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Phrased questions to elicit feedback on delivery quality (voice tone, eye contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall			
Facilitated transfer of learning:			
• Targeted times, places, or situations when students might use skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• When necessary, discussed times when it might not be appropriate or safe to use a skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately managed student behavior:			
• Cued appropriate behavior by citing positive rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Redirected inappropriate responses (“That’s one idea. What’s another?”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Used nondisruptive means to stop disruptive behaviors (nonverbal signals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If separation was necessary, placed student so that participation from a distance was still possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What the teacher did well:

Suggestions and ideas for the teacher to strengthen the lesson: