Strengthening Families Program
Workshop Observation Form

Child Session Two: Social Skills I

Date: _____ Time Started:_____ Time Ended:_____

Workshop Leader(s): _____
(**Please Specify Leader 1 and Leader 2**)

Number of Participants: _____

_____

Room Set-up:

Enough chairs?	Yes	No
Lighting adequate?	Yes	No
Room size adequate?	Yes	No
Temperature adequate?	Yes	No
Difficulty hearing?	Yes	No

Briefly describe any problems with the room:

Please check if the following equipment was used and circle Yes or No to indicate whether it was properly functioning:

____TV/VCR	Properly functioning?	Yes	No
____Overhead Projector	Properly functioning?	Yes	No
____Flipchart	Markers available?	Yes	No
____Blackboard	Chalk, Erasers available?	Yes	No
____Whiteboard	Markers, Erasers available?	Yes	No

Briefly describe any problem with the equipment:

Child Session Two: Social Skills I

Qualities of Delivery Scales:

Discussion Scale (D)
3 = leader introduces info, group discusses, leader reinforces
2 = leader introduces info, group briefly discusses
1 = leader mentions info

Lecture Scale (L)
3 = leader completely explains info, group clearly understands
2 = leader partially explains info, group partially understands
1 = leader mentions info

Activity Scale (A)
3 = most of group participating in activity
2 = some of group participating
1 = most of group not participating

Did the workshop leader. . .						Leader Name
1. D - Review rules and Dynamic Doer Chart (I)	Yes	No	1	2	3	
2. A - Play Reporter Name Game (II)	Yes	No	1	2	3	
3. D - Discuss “What is a conversation?” (IIIA)	Yes	No	1	2	3	
4. D - Discuss Four Ways to Show Listening (IIIB)	Yes	No	1	2	3	
5. A - Play Gossip Game (IIIC)	Yes	No	1	2	3	
6. D - Discuss results of Gossip Game (IIIC1)	Yes	No	1	2	3	
7. A - Play Simon Says (IIIC2)	Yes	No	1	2	3	
8. D - Discuss why it is important to listen in Simon Says (IIIC2)	Yes	No	1	2	3	
9. A - Have children color cards (IIIC3)	Yes	No	1	2	3	
10. A - Have children role play conversations with each other (IIIC4)	Yes	No	1	2	3	
11. L - Assign homework (IV)	Yes	No	1	2	3	
12. A - Teach the Dynamic Doer Song (V)	Yes	No	1	2	3	

Rating Scale: 3 = above average, 2 = average, 1 = below average

Rate this activity:	Leader 1:_____			Leader 2:_____		
Leader’s effectiveness	1	2	3	1	2	3
Leader’s delivery of material	1	2	3	1	2	3
Leader’s relationship with group	1	2	3	1	2	3
Overall rating of leader	1	2	3	1	2	3
Group participation	1	2	3			
Usefulness of activity	1	2	3			
Completion of material to be covered	1	2	3			
Group’s understanding of material	1	2	3			
Supportiveness of group	1	2	3			
Overall rating of group	1	2	3			

Please Include Recommendations and Comments

Strengthening Families Program

Workshop Observation Form

Child Session Three: Social Skills II

Date: _____ Time Started:_____ Time Ended:_____

Workshop Leader(s): _____

(**Please Specify Leader 1 and Leader 2**)

Number of Participants: _____

_____

Room Set-up:

Enough chairs?	Yes	No
Lighting adequate?	Yes	No
Room size adequate?	Yes	No
Temperature adequate?	Yes	No
Difficulty hearing?	Yes	No

Briefly describe any problems with the room:

Please check if the following equipment was used and circle Yes or No to indicate whether it was properly functioning:

____TV/VCR	Properly functioning?	Yes	No
____Overhead Projector	Properly functioning?	Yes	No
____Flipchart	Markers available?	Yes	No
____Blackboard	Chalk, Erasers available?	Yes	No
____Whiteboard	Markers, Erasers available?	Yes	No

Briefly describe any problem with the equipment:

Child Session Three: Social Skills II

Qualities of Delivery Scales:

Discussion Scale (D)
3 = leader introduces info, group discusses, leader reinforces
2 = leader introduces info, group briefly discusses
1 = leader mentions info

Lecture Scale (L)
3 = leader completely explains info, group clearly understands
2 = leader partially explains info, group partially understands
1 = leader mentions info

Activity Scale (A)
3 = most of group participating in activity
2 = some of group participating
1 = most of group not participating

Did the workshop leader. . . Leader Name:

1. D - Review homework and rules (I)	Yes	No	1	2	3
2. D - Discuss the 6 speaking skills (IIIA)	Yes	No	1	2	3
3. D - Discuss Interrupting (IIIB1)	Yes	No	1	2	3
4. D - Discuss Praise (IIIB2)	Yes	No	1	2	3
5. A - Have children practice giving and getting praise (IIIB2)	Yes	No	1	2	3
6. D - Ask: “When are you praised?” (IIIB2)	Yes	No	1	2	3
7. D - Ask: “When was the last time someone praised you?” (IIIB2)	Yes	No	1	2	3
8. D - Ask: “When was the last time you praised someone?” (IIIB2)	Yes	No	1	2	3
9. D - Ask: “How do you feel when someone praises you?” (IIIB2)	Yes	No	1	2	3
10. D - Ask: “What do you say when someone gives you praise?” (IIIB2)	Yes	No	1	2	3
11. A - Select activities from section IIIC to fit the needs of the group	Yes	No	1	2	3
12. D - Assign homework (IV)	Yes	No	1	2	3

Rating Scale: 3 = above average, 2 = average, 1 = below average

Rate this activity:	Leader 1:_____			Leader 2:_____		
Leader’s effectiveness	1	2	3	1	2	3
Leader’s delivery of material	1	2	3	1	2	3
Leader’s relationship with group	1	2	3	1	2	3
Overall rating of leader	1	2	3	1	2	3
Group participation	1	2	3			
Usefulness of activity	1	2	3			
Completion of material to be covered	1	2	3			
Group’s understanding of material	1	2	3			
Supportiveness of group	1	2	3			
Overall rating of group	1	2	3			

Please Include Recommendations and Comments

Strengthening Families Program

Workshop Observation Form

Child Session Four: Creating Good Behavior

Date: _____ Time Started:_____ Time Ended:_____

Workshop Leader(s): _____

(**Please Specify Leader 1 and Leader 2**)

Number of Participants: _____

_____

Room Set-up:

Enough chairs?	Yes	No
Lighting adequate?	Yes	No
Room size adequate?	Yes	No
Temperature adequate?	Yes	No
Difficulty hearing?	Yes	No

Briefly describe any problems with the room:

Please check if the following equipment was used and circle Yes or No to indicate whether it was properly functioning:

____TV/VCR	Properly functioning?	Yes	No
____Overhead Projector	Properly functioning?	Yes	No
____Flipchart	Markers available?	Yes	No
____Blackboard	Chalk, Erasers available?	Yes	No
____Whiteboard	Markers, Erasers available?	Yes	No

Briefly describe any problem with the equipment:

Child Session Four: Creating Good Behavior

Qualities of Delivery

Discussion Scale (D)	***Lecture Scale (L)***	***Activity Scale (A)***
3 = leader introduces info, group discusses, leader reinforces	**3** = leader completely explains info, group clearly understands	**3** = most of group participating in activity
2 = leader introduces info, group briefly discusses	**2** = leader partially explains info, group partially understands	**2** = some of group participating
1 = leader mentions info	**1** = leader mentions info	**1** = most of group not participating

Did the workshop leader. . . Leader Name:

1. D - Review last week's concepts and homework (I)	Yes	No	1	2	3
2. D - Review listening, speaking, and interrupting skills (IIA)	Yes	No	1	2	3
3. D - Discuss purpose of these skills (IIB)	Yes	No	1	2	3
4. L - Explain "Goal Statements/Creating Good Behavior" (III)	Yes	No	1	2	3
5. D - Have children do Likes & Dislikes excercise and discuss (IIIA)	Yes	No	1	2	3
6. A - Have children write Goal Statements about parents (IIIB)	Yes	No	1	2	3
7. D - Discuss "Secret Rules of Success" (IIIC)	Yes	No	1	2	3
8. D - Discuss different ways to ignore someone, list on board (IIIC2)	Yes	No	1	2	3
9. A - Demonstrate ignoring when meeting a new person (IIIC2)	Yes	No	1	2	3
10. D- Discuss and role play ignoring behaviors when being teased (IIIC2)	Yes	No	1	2	3
11. A - Have children write down one way to reward what they like and one way to ignore what they don't like about their parents (IIID)	Yes	No	1	2	3
12. A - Have children role play: Alcohol Mom, Reward good behavior, and examples from children's goal statements (IV)	Yes	No	1	2	3
13. L - Assign homework (V)	Yes	No	1	2	3

Rating Scale: 3 = above average, 2 = average, 1 = below average

Rate this activity:	Leader 1:_____			Leader 2:_____		
Leader's effectiveness	1	2	3	1	2	3
Leader's delivery of material	1	2	3	1	2	3
Leader's relationship with group	1	2	3	1	2	3
Overall rating of leader	1	2	3	1	2	3
Group participation	1	2	3			
Usefulness of activity	1	2	3			
Completion of material to be covered	1	2	3			
Group's understanding of material	1	2	3			
Supportiveness of group	1	2	3			
Overall rating of group	1	2	3			

Strengthening Families Program
Workshop Observation Form

Child Session Ten: Introduction to Parent's Game

Date: _____ Time Started:_____ Time Ended:_____

Workshop Leader(s): _____
(Please Specify Leader 1 and Leader 2)

Number of Participants: _____

_____

Room Set-up:

Enough chairs?	Yes	No
Lighting adequate?	Yes	No
Room size adequate?	Yes	No
Temperature adequate?	Yes	No
Difficulty hearing?	Yes	No

Briefly describe any problems with the room:

Please check if the following equipment was used and circle Yes or No to indicate whether it was properly functioning:

____TV/VCR	Properly functioning?	Yes	No
____Overhead Projector	Properly functioning?	Yes	No
____Flipchart	Markers available?	Yes	No
____Blackboard	Chalk, Erasers available?	Yes	No
____Whiteboard	Markers, Erasers available?	Yes	No

Briefly describe any problem with the equipment:

Child Session Ten: Introduction to Parent's Game

Qualities of Delivery

Discussion Scale (D)	***Lecture Scale (L)***	***Actvity Scale (A)***
3 = leader introduces info, group discusses, leader reinforces	**3** = leader completely explains info, group clearly understands	**3** = most of group participating in activity
2 = leader introduces info, group briefly discusses	**2** = leader partially explains info, group partially understands	**2** = some of group participating
1 = leader mentions info	**1** = leader mentions info	**1** = most of group not participating

Did the workshop leader. . . Leader Name:

1. D - Review homework (I)	Yes	No	1	2	3
2. D - Review Child's Game (II)	Yes	No	1	2	3
3. L - Present Parent's Game (III)	Yes	No	1	2	3
4. D - Discuss "Chain Directions" and demonstrate examples (IVA)	Yes	No	1	2	3
5. D - Discuss "Unclear Directions" and demonstrate examples (IVB)	Yes	No	1	2	3
6. D - Discuss "Question Directions" and demonstrate examples (IVC)	Yes	No	1	2	3
7. D - Discuss "Let's... Directions" and demonstrate examples (IVD)	Yes	No	1	2	3
8. D - Discuss "Wordy Directions" and demonstrate examples (IVE)	Yes	No	1	2	3
9. D - Discuss "Good Directions" and demonstrate examples (V)	Yes	No	1	2	3
10. A - Have children role play giving good directions (VB)	Yes	No	1	2	3
11. L - Assign homework (VI)	Yes	No	1	2	3

Rating Scale: 3 = above average, 2 = average, 1 = below averag:

Rate this activity:	Leader 1:_____			Leader 2:_____		
Leader's effectiveness	1	2	3	1	2	3
Leader's delivery of material	1	2	3	1	2	3
Leader's relationship with group	1	2	3	1	2	3
Overall rating of leader	1	2	3	1	2	3
Group participation	1	2	3			
Usefulness of activity	1	2	3			
Completion of material to be covered	1	2	3			
Group's understanding of material	1	2	3			
Supportiveness of group	1	2	3			
Overall rating of group	1	2	3			

Please Include Recommendations and Comments

Strengthening Families Program

Workshop Observation Form

Child Session Eleven: Coping Skills I - Recognizing Feelings

Date: _____ Time Started:_____ Time Ended:_____

Workshop Leader(s): _____

(Please Specify Leader 1 and Leader 2)

Number of Participants: _____

_____

Room Set-up:

Enough chairs?	Yes	No
Lighting adequate?	Yes	No
Room size adequate?	Yes	No
Temperature adequate?	Yes	No
Difficulty hearing?	Yes	No

Briefly describe any problems with the room:

Please check if the following equipment was used and circle Yes or No to indicate whether it was properly functioning:

____TV/VCR	Properly functioning?	Yes	No
____Overhead Projector	Properly functioning?	Yes	No
____Flipchart	Markers available?	Yes	No
____Blackboard	Chalk, Erasers available?	Yes	No
____Whiteboard	Markers, Erasers available?	Yes	No

Briefly describe any problem with the equipment:

Child Session Eleven: Coping Skills I - Recognizing Feelings

Qualities of Delivery Scales:

Discussion Scale (D)	***Lecture Scale (L)***	***Activity Scale (A)***
3 = leader introduces info, group discusses, leader reinforces	**3** = leader completely explains info, group clearly understands	**3** = most of group participating in activity
2 = leader introduces info, group briefly discusses	**2** = leader partially explains info, group partially understands	**2** = some of group participating
1 = leader mentions info	**1** = leader mentions info	**1** = most of group not participating

Did the workshop leader. . . Leader Name:

1. D - Review homework (I)	Yes	No	1	2	3
2. A - Have group sing the “Feeling Song” (IIA)	Yes	No	1	2	3
3. D - Discuss feelings, list on board (IIB)	Yes	No	1	2	3
4. D - Discuss ways to tell how someone is feeling (IIC)	Yes	No	1	2	3
5. A - Have group play Charades (IID)	Yes	No	1	2	3
6. D - Discuss how they feel and show facial expressions (IIE)	Yes	No	1	2	3
7. A - Select games and activities to fit needs of group (III)	Yes	No	1	2	3
8.L - Assign homework (IV)	Yes	No	1	2	3

Rating Scale: 3 = above average, 2 = average, 1 = below average

Rate this activity:	Leader 1:_____			Leader 2:_____		
Leader’s effectiveness	1	2	3	1	2	3
Leader’s delivery of material	1	2	3	1	2	3
Leader’s relationship with group	1	2	3	1	2	3
Overall rating of leader	1	2	3	1	2	3
Group participation	1	2	3			
Usefulness of activity	1	2	3			
Completion of material to be covered	1	2	3			
Group’s understanding of material	1	2	3			
Supportiveness of group	1	2	3			
Overall rating of group	1	2	3			

Please Include Recommendations and Comments

Strengthening Families Program
Workshop Observation Form

Child Session Twelve: Coping Skills II - Dealing with Criticism

Date: _____ Time Started:_____ Time Ended:_____

Workshop Leader(s): _____
(**Please Specify Leader 1 and Leader 2**)

Number of Participants: _____

_____

Room Set-up:

Enough chairs?	Yes	No
Lighting adequate?	Yes	No
Room size adequate?	Yes	No
Temperature adequate?	Yes	No
Difficulty hearing?	Yes	No

Briefly describe any problems with the room:

Please check if the following equipment was used and circle Yes or No to indicate whether it was properly functioning:

____TV/VCR	Properly functioning?	Yes	No
____Overhead Projector	Properly functioning?	Yes	No
____Flipchart	Markers available?	Yes	No
____Blackboard	Chalk, Erasers available?	Yes	No
____Whiteboard	Markers, Erasers available?	Yes	No

Briefly describe any problem with the equipment:

Child Session Twelve: Coping Skills II - Dealing with Criticism

Qualities of Delivery Scales:

Discussion Scale (D)
3 = leader introduces info, group discusses, leader reinforces
2 = leader introduces info, group briefly discusses
1 = leader mentions info

Lecture Scale (L)
3 = leader completely explains info, group clearly understands
2 = leader partially explains info, group partially understands
1 = leader mentions info

Activity Scale (A)
3 = most of group participating in activity
2 = some of group participating
1 = most of group not participating

Did the workshop leader. . . Leader Name:

1. D - Review homework (I)	Yes	No	1 2 3
2. L - Define criticism (IIA)	Yes	No	1 2 3
3. L - Explain various steps in giving criticism (IIB)	Yes	No	1 2 3
4. L - Explain various steps in receiving criticism (IIC)	Yes	No	1 2 3
5. A - Have children role play giving and receiving criticism (IID)	Yes	No	1 2 3
6. L - Assign homework (III)	Yes	No	1 2 3

Rating Scale: 3 = above average, 2 = average, 1 = below average

Rate this activity:	Leader 1:_____			Leader 2:_____		
Leader's effectiveness	1	2	3	1	2	3
Leader's delivery of material	1	2	3	1	2	3
Leader's relationship with group	1	2	3	1	2	3
Overall rating of leader	1	2	3	1	2	3
Group participation	1	2	3			
Usefulness of activity	1	2	3			
Completion of material to be covered	1	2	3			
Group's understanding of material	1	2	3			
Supportiveness of group	1	2	3			
Overall rating of group	1	2	3			

Please Include Recommendations and Comments