

**Parent BodyWorks Session 1 Fidelity Form**

Today's Date: \_\_\_\_\_ Session Location: \_\_\_\_\_ Trainer(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**I. Please check "No" or "Yes" to indicate whether you implemented the following activities during this session...**

Welcome and 'How am I doing?':  No  Yes      Journal review:  No  Yes      Review of previous session:  No  Yes  
 Energizer and healthy snack:  No  Yes      What did you learn today?:  No  Yes      Assign homework:  No  Yes

**If you did NOT implement one or more of these activities, please explain why:**

**II. Please share your reactions to the following activities...**

	1. How much of this activity did you complete?		2. To what extent did the activity help achieve the session learning objectives?		3. How engaged were the participants in the activity?	
a. Introduction to BodyWorks—discussion and PowerPoint presentation	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely
b. Discussion on the benefits and barriers to change	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely
c. Discussion on behavior change	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely
d. Activity on how to set goals	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely

**III. Please share how you modified the activities.**

a. Did you modify any of the activities?  Yes  No  
 b. If yes, please explain why and how the activities were modified. \_\_\_\_\_

**IV. Please share your reactions to the following statements...**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The lesson plan, background materials, and support I received prepared me well to teach this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt confident in my ability to implement this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Please tell us what worked well and what should be improved.**

a. What worked well? \_\_\_\_\_  
 b. What should be improved? \_\_\_\_\_

**Parent BodyWorks Session 2 Fidelity Form**

Today's Date: \_\_\_\_\_ Session Location: \_\_\_\_\_ Trainer(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**I. Please check "No" or "Yes" to indicate whether you implemented the following activities during this session...**

Welcome and 'How am I doing?':  No  Yes      Journal review:  No  Yes      Review of previous session:  No  Yes  
 Energizer and healthy snack:  No  Yes      What did you learn today?:  No  Yes      Assign homework:  No  Yes

**If you did NOT implement one or more of these activities, please explain why:**

**II. Please share your reactions to the following activities...**

	1. How much of this activity did you complete?	2. To what extent did the activity help achieve the session learning objectives?	3. How engaged were the participants in the activity?
a. Discussion on how participants presented BodyWorks to their families	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
b. Discussion on healthy weight and the risks of overweight	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
c. Discussion on eating and emotions	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
d. Demonstration on how to use the BodyWorks journals	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely

**III. Please share how you modified the activities.**

a. Did you modify any of the activities?       Yes       No  
 b. If yes, please explain why and how the activities were modified. \_\_\_\_\_

**IV. Please share your reactions to the following statements...**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The lesson plan, background materials, and support I received prepared me well to teach this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt confident in my ability to implement this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Please tell us what worked well and what should be improved.**

a. What worked well? \_\_\_\_\_  
 b. What should be improved? \_\_\_\_\_

**Parent BodyWorks Session 3 Fidelity Form**

Today's Date: \_\_\_\_\_ Session Location: \_\_\_\_\_ Trainer(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**I. Please check "No" or "Yes" to indicate whether you implemented the following activities during this session...**

Welcome and 'How am I doing?':  No  Yes      Journal review:  No  Yes      Review of previous session:  No  Yes  
Energizer and healthy snack:  No  Yes      What did you learn today?:  No  Yes      Assign homework:  No  Yes

**If you did NOT implement one or more of these activities, please explain why:**

**II. Please share your reactions to the following activities...**

	1. How much of this activity did you complete?	2. To what extent did the activity help achieve the session learning objectives?	3. How engaged were the participants in the activity?
a. Review of first week using the daily journals	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
b. Healthy smoothie demonstration	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
c. Discussion on the basics of healthy eating for children, teens, and adults	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely

**III. Please share how you modified the activities.**

a. Did you modify any of the activities?       Yes       No  
b. If yes, please explain why and how the activities were modified. \_\_\_\_\_

**IV. Please share your reactions to the following statements...**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The lesson plan, background materials, and support I received prepared me well to teach this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt confident in my ability to implement this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Please tell us what worked well and what should be improved.**

a. What worked well? \_\_\_\_\_  
b. What should be improved? \_\_\_\_\_

**Parent BodyWorks Session 4 Fidelity Form**

Today's Date: \_\_\_\_\_ Session Location: \_\_\_\_\_ Trainer(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**I. Please check "No" or "Yes" to indicate whether you implemented the following activities during this session...**

Welcome and 'How am I doing?':  No  Yes      Journal review:  No  Yes      Review of previous session:  No  Yes  
 Energizer and healthy snack:  No  Yes      What did you learn today?:  No  Yes      Assign homework:  No  Yes

**If you did NOT implement one or more of these activities, please explain why:**

**II. Please share your reactions to the following activities...**

	1. How much of this activity did you complete?		2. To what extent did the activity help achieve the session learning objectives?		3. How engaged were the participants in the activity?	
a. Serving size activity	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely
b. Review of serving size information	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely
c. Review of facts about fat	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely
d. Discussion on making healthy lunch choices	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely
e. Discussion on making healthy fast food and beverage choices	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely

**III. Please share how you modified the activities.**

a. Did you modify any of the activities?  Yes  No

b. If yes, please explain why and how the activities were modified. \_\_\_\_\_

**IV. Please share your reactions to the following statements...**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The lesson plan, background materials, and support I received prepared me well to teach this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt confident in my ability to implement this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Please tell us what worked well and what should be improved.**

a. What worked well? \_\_\_\_\_

b. What should be improved? \_\_\_\_\_

**Parent BodyWorks Session 5 Fidelity Form**

Today's Date: \_\_\_\_\_ Session Location: \_\_\_\_\_ Trainer(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**I. Please check "No" or "Yes" to indicate whether you implemented the following activities during this session...**

Welcome and 'How am I doing?':  No  Yes      Journal review:  No  Yes      Review of previous session:  No  Yes  
 Energizer and healthy snack:  No  Yes      What did you learn today?:  No  Yes      Assign homework:  No  Yes

**If you did NOT implement one or more of these activities, please explain why:**

**II. Please share your reactions to the following activities...**

	1. How much of this activity did you complete?	2. To what extent did the activity help achieve the session learning objectives?	3. How engaged were the participants in the activity?
a. Discussion on physical activity barriers and benefits	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
b. Discussion on types of physical activity	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
c. Limiting screen time--discussion and case study	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely

**III. Please share how you modified the activities.**

a. Did you modify any of the activities?       Yes       No  
 b. If yes, please explain why and how the activities were modified. \_\_\_\_\_

**IV. Please share your reactions to the following statements...**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The lesson plan, background materials, and support I received prepared me well to teach this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt confident in my ability to implement this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Please tell us what worked well and what should be improved.**

a. What worked well? \_\_\_\_\_  
 b. What should be improved? \_\_\_\_\_

**Parent BodyWorks Session 6 Fidelity Form**

Today's Date: \_\_\_\_\_ Session Location: \_\_\_\_\_ Trainer(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**I. Please check "No" or "Yes" to indicate whether you implemented the following activities during this session...**

Welcome and 'How am I doing?':  No  Yes      Journal review:  No  Yes      Review of previous session:  No  Yes  
Energizer and healthy snack:  No  Yes      What did you learn today?:  No  Yes      Assign homework:  No  Yes

**If you did NOT implement one or more of these activities, please explain why:**

**II. Please share your reactions to the following activities...**

	1. How much of this activity did you complete?	2. To what extent did the activity help achieve the session learning objectives?	3. How engaged were the participants in the activity?
a. Activity to set family goals	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
b. Activity to learn how to use the weekly planner magnet	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
c. Discussion on involving the family in planning, shopping, and cooking	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely

**III. Please share how you modified the activities.**

a. Did you modify any of the activities?       Yes       No  
b. If yes, please explain why and how the activities were modified. \_\_\_\_\_

**IV. Please share your reactions to the following statements...**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The lesson plan, background materials, and support I received prepared me well to teach this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt confident in my ability to implement this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Please tell us what worked well and what should be improved.**

a. What worked well? \_\_\_\_\_  
b. What should be improved? \_\_\_\_\_

**Parent BodyWorks Session 7 Fidelity Form**

Today's Date: \_\_\_\_\_ Session Location: \_\_\_\_\_ Trainer(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**I. Please check "No" or "Yes" to indicate whether you implemented the following activities during this session...**

Welcome and 'How am I doing?':  No  Yes      Journal review:  No  Yes      Review of previous session:  No  Yes  
 Energizer and healthy snack:  No  Yes      What did you learn today?:  No  Yes      Assign homework:  No  Yes

**If you did NOT implement one or more of these activities, please explain why:**

**II. Please share your reactions to the following activities...**

	1. How much of this activity did you complete?	2. To what extent did the activity help achieve the session learning objectives?	3. How engaged were the participants in the activity?
a. "Let's Shop, Cook, and Eat Together" DVD—viewing and discussion	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
b. Review of how to read nutrition labels	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely

**III. Please share how you modified the activities.**

a. Did you modify any of the activities?       Yes       No

b. If yes, please explain why and how the activities were modified. \_\_\_\_\_

**IV. Please share your reactions to the following statements...**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The lesson plan, background materials, and support I received prepared me well to teach this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt confident in my ability to implement this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Please tell us what worked well and what should be improved.**

a. What worked well? \_\_\_\_\_  
 b. What should be improved? \_\_\_\_\_

**Parent BodyWorks Session 8 Fidelity Form**

Today's Date: \_\_\_\_\_ Session Location: \_\_\_\_\_ Trainer(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**I. Please check "No" or "Yes" to indicate whether you implemented the following activities during this session...**

Welcome and 'How am I doing?':  No  Yes      Journal review:  No  Yes      Review of previous session:  No  Yes  
 Energizer and healthy snack:  No  Yes      What did you learn today?:  No  Yes      Assign homework:  No  Yes

**If you did NOT implement one or more of these activities, please explain why:**

**II. Please share your reactions to the following activities...**

	1. How much of this activity did you complete?	2. To what extent did the activity help achieve the session learning objectives?	3. How engaged were the participants in the activity?
a. Viewing of the "Let's Shop, Cook, and Eat Together" DVD	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
b. Discussion on DVD content about cooking healthy meals and the BodyWorks recipe book	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
c. Discussion on DVD and BodyBasics content about the importance of eating together as a family	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely

**III. Please share how you modified the activities.**

a. Did you modify any of the activities?       Yes       No

b. If yes, please explain why and how the activities were modified. \_\_\_\_\_

**IV. Please share your reactions to the following statements...**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The lesson plan, background materials, and support I received prepared me well to teach this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt confident in my ability to implement this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Please tell us what worked well and what should be improved.**

a. What worked well? \_\_\_\_\_

b. What should be improved? \_\_\_\_\_



**Parent BodyWorks Session 9 Fidelity Form**

Today's Date: \_\_\_\_\_ Session Location: \_\_\_\_\_ Trainer(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**I. Please check "No" or "Yes" to indicate whether you implemented the following activities during this session...**

Welcome and 'How am I doing?':  No  Yes      Journal review:  No  Yes      Review of previous session:  No  Yes  
 Energizer and healthy snack:  No  Yes      What did you learn today?:  No  Yes      Assign homework:  No  Yes

**If you did NOT implement one or more of these activities, please explain why:**

**II. Please share your reactions to the following activities...**

	1. How much of this activity did you complete?	2. To what extent did the activity help achieve the session learning objectives?	3. How engaged were the participants in the activity?
a. Environmental checklist activity	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely
b. Goal setting for environmental issues activity	<input type="checkbox"/> None <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> All	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely	<input type="checkbox"/> Not at all <input type="checkbox"/> Quite a lot <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely

**III. Please share how you modified the activities.**

a. Did you modify any of the activities?       Yes       No

b. If yes, please explain why and how the activities were modified. \_\_\_\_\_

**IV. Please share your reactions to the following statements...**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The lesson plan, background materials, and support I received prepared me well to teach this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt confident in my ability to implement this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Please tell us what worked well and what should be improved.**

a. What worked well? \_\_\_\_\_  
 b. What should be improved? \_\_\_\_\_

**Parent BodyWorks Session 10 Fidelity Form**

Today's Date: \_\_\_\_\_ Session Location: \_\_\_\_\_ Trainer(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**I. Please check "No" or "Yes" to indicate whether you implemented the following activities during this session...**

Welcome and 'How am I doing?':  No  Yes      Journal review:  No  Yes      Review of previous session:  No  Yes  
 Energizer and healthy snack:  No  Yes      What did you learn today?:  No  Yes      Assign homework:  No  Yes

**If you did NOT implement one or more of these activities, please explain why:**

**II. Please share your reactions to the following activities...**

	1. How much of this activity did you complete?		2. To what extent did the activity help achieve the session learning objectives?		3. How engaged were the participants in the activity?	
a. Media literacy quiz	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely
b. Activity analyzing a tobacco ad	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely
c. Handout and discussion on types of advertising techniques	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely
d. Activity analyzing a magazine ad	<input type="checkbox"/> None	<input type="checkbox"/> Most	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Not at all	<input type="checkbox"/> Quite a lot
	<input type="checkbox"/> Some	<input type="checkbox"/> All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Completely

**III. Please share how you modified the activities.**

a. Did you modify any of the activities?  Yes  No

b. If yes, please explain why and how the activities were modified. \_\_\_\_\_

**IV. Please share your reactions to the following statements...**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The lesson plan, background materials, and support I received prepared me well to teach this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt confident in my ability to implement this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Please tell us what worked well and what should be improved.**

a. What worked well? \_\_\_\_\_  
 b. What should be improved? \_\_\_\_\_