

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"/> 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 healthy weight and the risks of overweight | <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 eating and emotions | <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. Demonstration on how to use the BodyWorks journals | <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 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"/> 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 how to read nutrition labels | <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 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? _____