

Session Assessment Form

Staff ID# _____

Thank you for participating in the road test of Self-Regulation Approaches and Resources in Healthy Marriage programs (SARHM). The purpose of this information collection is to learn about your experience using the co-regulation strategies you were trained to implement during [reporting period]. Participation in this information collection is voluntary. The estimated time to complete this form is 10 minutes. Your responses will be kept private to the extent permitted by law. Please do not include any personal information, such as your name or contact information, on this form.

Section 1: Use of co-regulation strategies

1. How many group workshops did you deliver during [reporting period]?

_____ GROUP WORKSHOPS

2. How many client meetings did you have during [reporting period]?

_____ CLIENT MEETINGS

3. Did you use co-regulation strategies in at least one group workshop or client meeting during [reporting period]?

1 Yes **GO TO Q5**

0 No

4. You responded that you didn't use any of the strategies. Why?

GO TO END

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 0970-0355, expiring 5/31/2021. We estimate that it will take 10 minutes to read the instructions and answer the questions.

5. Did you use the following co-regulation strategies during [reporting period]?

CO-REGULATION STRATEGIES

CO-REGULATION STRATEGIES	A GROUP WORKSHOPS SELECT ONE RESPONSE PER ROW			B CLIENT MEETINGS SELECT ONE RESPONSE PER ROW		
	NOT AT ALL	A LITTLE	A LOT	NOT AT ALL	A LITTLE	A LOT
	a. Positive Note Home.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Positive Verbal/Written Praise by educator or "Tootles" between Peers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Mystery Motivator/Token Lottery.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Team Competition.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Nasal or Timed Breathing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Participation-based grade.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Mindfulness Exercises.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Bookending.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Teach, Practice, Plan, Reflect, Reward.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Tag it, Tell it, Tune it.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Group Norms + Personal Commitment.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Room Set-Up.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. Interaction Tally.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n. Rest and Return.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
o. F.U.N. (Following the rules, room set Up, No negatives).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
p. Welcome Strategies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
q. Intentional Use of EBKs for Relationship-building.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
r. Motivation/Interest Assessment.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
s. Peer Makeups.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

6. Of the co-regulation strategies you used, did any work particularly well? Why?

7. Of the co-regulation strategies you used, did any not work well? Why?

Section 2: Interactions with youth

8. Think about the ways you interacted with youth during [reporting period] when you used the specific co-regulation strategies. Indicate the extent to which you agree/disagree with the following statements.

SELECT ONE RESPONSE PER ROW

	Strongly agree	Agree	Disagree	Strongly disagree
a. I displayed a warm, positive attitude.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I remained calm and focused during our interaction.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I provided support in times of stress or intense emotion.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I created a physically and emotionally safe environment.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I set expectations that were developmentally appropriate.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I modeled or shared my experience using self-regulation skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I provided opportunities for youth to practice self-regulation skills....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. I reinforced positive self-regulation behaviors.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Section 3: Overall reflections

9. How comfortable did you feel using the strategies during the reporting period?

MARK ONE ONLY

- 1 Very comfortable
- 2 Somewhat comfortable
- 3 Mostly comfortable
- 4 Very comfortable

10. Overall, which of the following best describes youth's response to the co-regulation strategies?

MARK ONE ONLY

- 1 Very responsive
- 2 Mostly responsive
- 3 Somewhat responsive
- 4 Very unresponsive

11. Are there any other comments you would like to share?

Thank you for completing this form!