# Appendix B: Teaching Fractions Toolkit Evaluation Administrator Fidelity Checklist

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| **Name** |
| **Role** |
| **District** |
| **School** |
| Please indicate whether you or your school team have completed each of the activities below and when you completed it. |
| Activity | Completed? (Circle one) | Date Completed (mm/dd/yy)\* |
| Used administrator monitoring tool to self-assess which conditions exist for implementing the practice e guide recommendations (beginning of the school year) | * Yes
* No
 |  |
| Viewed introductory video 1 (Toolkit overview) | * Yes
* No
 |  |
| Viewed introductory video 2 (Strategies for fractions instruction) | * Yes
* No
 |  |
| Viewed introductory video 3 (Students engaged in fractions learning) | * Yes
* No
 |  |
| Viewed overview of practice guide PDF | * Yes
* No
 |  |
| Viewed overview of toolkit PDF | * Yes
* No
 |  |
| Viewed fraction content progression overview PDF | * Yes
* No
 |  |
| Viewed facilitator guide | * Yes
* No
 |  |
| Used administrator monitoring tool to self-assess which conditions exist for implementing the practice e guide recommendations (end of the school year) | * Yes
* No
 |  |
| Reviewed and reflected on monitoring tool results (end of the school year) | * Yes
* No
 |  |

\*Please enter an estimated date of completion if you could not recall the exact date.