

Appendix B: Teaching Fractions Toolkit Evaluation Administrator Fidelity Checklist

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)	<input type="radio"/> Yes	
	<input type="radio"/> No	
Viewed introductory video 1 (Toolkit overview)	<input type="radio"/> Yes	
	<input type="radio"/> No	
Viewed introductory video 2 (Strategies for fractions instruction)	<input type="radio"/> Yes	
	<input type="radio"/> No	
Viewed introductory video 3 (Students engaged in fractions learning)	<input type="radio"/> Yes	
	<input type="radio"/> No	
Viewed overview of practice guide PDF	<input type="radio"/> Yes	
	<input type="radio"/> No	
Viewed overview of toolkit PDF	<input type="radio"/> Yes	
	<input type="radio"/> No	
Viewed fraction content progression overview PDF	<input type="radio"/> Yes	
	<input type="radio"/> No	
Viewed facilitator guide	<input type="radio"/> Yes	
	<input type="radio"/> No	
Used administrator monitoring tool to self-assess which	<input type="radio"/> Yes	

conditions exist for implementing the practice e guide No
recommendations (end of the school year)

Reviewed and reflected on monitoring tool results (end of the Yes
school year) No

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