

CICO: Staff Weekly Fidelity Check

For the students I have on CICO, I have:	All the time	Most of the time	Some of the time	Not at all
Had a positive contact at the beginning of class				
Provided feedback at the end of class				
Linked the feedback to the school-wide expectations				
Provided feedback in 30 seconds or less				

_____ Weekly Fidelity Check

For the students in _____	All the time	Most of the time	Some of the time	Not at all

Tier 2 - Staff Weekly Fidelity Check

"Are we doing what we said we would do?" We know things come up and we are not expecting perfection on your part. Understanding how well the intervention of CICO has been implemented each week helps us understand our student data. Thank you for taking the time to provide an honest reflection of the week! Don't forget to include any comments about how we can make this process more systematic and effective for staff as well as for students.

1. This week, I have documented the performance of students on CICO across periods approximately...

Mark only one oval.

- less than 60% of the time
- 60-69% of the time
- 70-79% of the time
- 80-89% of the time
- 90-100% of the time

2. This week, I have provided explicit feedback, linked to classroom expectations, after each period, to students on CICO approximately...

Mark only one oval.

- less than 60% of the time
- 60-69% of the time
- 70-79% of the time
- 80-89% of the time
- 90-100% of the time

3. This week, the explicit feedback I provided to students on CICO was shared in 30 seconds or less approximately...

Mark only one oval.

- less than 60% of the time
- 60-69% of the time
- 70-79% of the time
- 80-89% of the time
- 90-100% of the time



Lesson Plan

Lesson Plan for		(lesson title)
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School Counselor:			
Target Audience:			
Mindsets & Behaviors: (limit of three)			
Lesson		Of	

Learning Objective(s)/Competency	
Students will:	
Students will:	
Materials:	
Evidence Base:	
<input type="checkbox"/> Best Practice <input type="checkbox"/> Action Research <input type="checkbox"/> Research-Informed <input type="checkbox"/> Evidence-Based	
Procedure: Describe how you will:	
Introduce:	
Communicate Lesson Objective:	
Teach Content:	
Practice Content:	
Summarize:	
Close:	

Data Collection Plan – *For multiple lessons in a unit, this section only need be completed once*

Participation Data:

Anticipated number of students:

Planned length of lesson(s):

Mindsets & Behaviors Data:

- Pre-test administered before first lesson
- Post-test administered after lesson (if standalone) or after last lesson of unit/group session
- Pre-/post-assessment attached

Outcome Data: (choose one)

Achievement (describe):

Attendance (describe):

Discipline (describe):

Counseling Group End of Sessions Fidelity Checklist

Today's Date _____

Group Name: _____

Group Members Present:

Use the chart below to indicate how the components were accomplished after each session

Component	Not Completed	Partial Completion	Full Completion
Used evidence based information and/or curriculum			
Administered pre-test before first lesson			
Introduced the purpose of the group & outcomes expected			
Communicated lesson objectives			
Taught skills			
Provided opportunities for students to practice			
Summarized at the each of each session & provided practice activity/task			
Provided closure/next steps at end of sessions			
Administered post-test after last lesson of unit/group session			

Comments:

Mentoring Program Weekly Report

Thank you for your participation as a mentor in our program this year! This greatly helps our students be more successful. We ask that you complete this form after each session and leave it in the office in the Mentor tray.

Name:

Date:

Mentor Responsibilities
Show up on time for each meeting
Engage in a positive relationship with the student
Listen well and pay attention to the student
Be non-judgmental of the student
Reinforce the student's success
Encourage the student

1. How well were you able to communicate with your student? (please circle)

Excellent

Good

Okay

Need Assistance

2. Do you have any concerns and want to talk with the Mentor Coordinator? Yes No

3. Comments:

Social Skills Intervention Group Session Fidelity Checklist

Today's Date _____ Social Skills Unit _____

Group Members Present:

Group Facilitator(s):

Observer:

Use the chart below to rate the degree to which each component was implemented.

Component	Not Implemented	Limited Implementation	Partial Implementation	Full Implementation
Reviewed previously learned skills and discussed student homework assignment.				
Taught new skill using structured lesson plan format.				
Provided opportunities for students to practice new skill				
Set goal for use of new skill and assigned homework				

Comments:

EXAMPLE

Social Skills Intervention Group Lesson Plan Fidelity Checklist

Today's Date _____

Group Facilitators: _____

Lesson Plan Reviewer: _____

Social Skills Unit: Use the chart below to rate the degree to which each component was implemented.

Component	Not Evident	Limited Evidence	Partially Evident	Fully Evident
Describes activities for reviewing previously learned skills.				
Introduces the new skill.				
Defines the skill and key vocabulary.				
Explains why the skill is important.				
Identifies steps for using the skill. Gives opportunity for students to repeat the skill steps.				
Includes modeling and role-play opportunities.				
Lists procedures for reinforcing occurrences of the skill during the session.				
Provides specific examples and non-examples of the expected skill.				
Includes time for goal setting and an explicit homework assignment.				
Has materials that can be used to communicate skills and steps students are working on so that other adults can prompt, cue, and recognize students for using skills.				

Comments about implementation: _____

SKILLSTREAMING FIDELITY FORM

INSTRUCTIONS = Pages 1 & 2 filled out by Trainer/Co-trainer following group

Facility: Observer: Title:

Date: Trainer: Title:

Time Session Began: Co- Trainer: Title:

Time Session Ended: Number of Youth Attending:

Skillstreaming Skill:

1. Were any issues from last Skillstreaming Group reviewed (i.e., homework difficulties; group member(s) needing more role-playing)? Yes _____ No _____

Comments:

2. Were group norms reviewed? Yes _____ No _____

Comments:

3. What visual aids were used? Poster of the skill of the week
 Skill cards for groups
 Other visual aid

4. Was the skill introduced, steps read and briefly explained? Yes _____ No _____

5. Was skill modeled by Trainer/Co-trainer? Yes _____ No _____

6. Were all the steps for performing the skill identified during modeling? Yes _____ No _____

7. Were the modeling demonstrations relevant to the youth (i.e., adolescent situations)?

Yes _____ No _____

8. Did the Trainer establish each young person's *need* for the skill? Yes _____ No _____

Comments:

9. Did each youth role-play the skill of the session as the Main Actor? Yes _____ No _____

10. Did each youth provide performance feedback to role-play of the other youth? Yes _____ No _____

Comments:

11. Was order of performance feedback given to role-playing youth appropriate?

Co-actor, Trainees, Trainers, Main Actor (preferred order) Yes _____ No _____

Comments:

12. Where homework assignments given to each youth? Yes _____ No _____

13. Was behavior management (inappropriate youth behavior) an issue during the session?

Yes _____ No _____

Comments:

If there were behavior management issues, how were they handled?

Items for Post-group debriefing between Observer and Group Trainer and Co-trainer:

14. Trainer's self evaluation of sessions and ideas for improvement:

15. Co-trainer's self-evaluation of session and ideas for improvement.

16. Observer's feedback and recommendations:

Observer's comments and recommendations received:

(Trainer's Signature & Date)