

Fidelity Checklist

Fidelity Monitor (Name) _____

Location of Workshop _____ **Session #** _____

Date of Observation _____

Obtain the following information from facilitator or host site:

Workshop scheduled on (day of the week) _____

Start time: _____ (AM/PM) **End time:** _____ (AM/PM)

Number of Participants in Attendance at First Session _____

Number of Participants in Attendance during Observation Session _____

Physical Environment and Material Resources		
	Yes	No
1. Were facilitators prepared with all materials they needed to lead the session (e.g. charts, brainstorm, etc.)? If not, what was missing? _____		
2. Was location of workshop appropriate for the participants?		
3. Was the room/facility appropriate for training purposes and also for the population?		
4. Was venue safe, universally accessible and (if possible) available by public transportation for participants?		
5. Was venue safe and universally accessible for facilitators?		
6. Was the workshop offered 2.5 hours per week for 6 weeks?		
7. Was the session observed let out early? If so, how early? _____		
8. Did facilitators reflect the same community as the workshop being held?		
9. Did facilitator read, write and speak the same language as participants?		

Leader Performance		
	Yes	No
10. Were there two facilitators?		
11. Was a new facilitator paired with an experienced facilitator? Check here if N/A <input type="checkbox"/>		
12. Are facilitators keeping a weekly attendance record?		
13. Did facilitators use facilitation techniques appropriately and effectively? If no, please describe: _____ _____ _____		
14. Did facilitators contribute equally to the workshop?		
15. Did facilitators have names, addresses and emails of participants? (In case of emergencies)		
16. Were any materials NOT part of the program introduced and/or used during the workshop? If yes, please describe: _____ _____ _____		

	YES	NO
<p>17. Did facilitators deviate from manual and provide their own information?</p> <p>If yes, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>18. Were guest lecturers involved in the workshop?</p> <p>If yes, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>19. Did facilitators disagree or argue during the workshop?</p> <p>If yes, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>20. Did facilitators give medical advice to participants?</p> <p>If yes, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p>		

	YES	NO
<p>21. Did facilitators give medical advice to participants?</p> <p>If yes, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>22. Did facilitators follow the time/sequence of activities and sessions as indicated in the manual?</p>		
<p>23. If a NEW facilitator (never led a workshop), did they facilitate their first workshop within six months of training?</p>		
<p>24. If an EXPERIENCED facilitator (led at least two workshops), have they facilitated a workshop within the past 12 months?</p>		

Did the facilitators accept any potential critiques and comments as constructive criticism or was facilitators hostile to critiques and comments? (Please describe)

If you have any other comments, please elaborate: _____

THANK YOU!

Additional feedback provided by Master Trainer