Parent-Teacher Partnerships – Facilitator’s Implementation Checklist

MODULE **COMPETENCE, PARENTING, LEARNING AT HOME** DATE\_\_\_\_\_\_\_\_\_\_\_\_REGION\_\_\_\_\_\_

CO-FACILITATORS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISTRICT / BUILDING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OBSERVER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Core Components of the Session** |

* Powerpoint and Discussions
* ACTIVITY and DISCUSSION: PARENTING ACTIVITIES document
* ACTIVITY and DISCUSSION: LEARNING AT HOME document
* DISCUSSION: : Link to Student Outcomes (Slide 8)
* DISCUSSION: Links to Current Practices (Slide 9)
* DISCUSSION: Session Highlights and Recommendations (Slide 10)
* Evaluation

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| Core Components Completed: \_\_\_\_\_ of \_\_\_\_\_ |
| **Customized Implementation Components** |

* 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Number of Customized Implementation Components: \_\_\_\_\_ |
| **Group Facilitation Components** |

* Meeting space is conducive to sharing (e.g., no distractions, seats facing each other)
* Facilitators worked together and demonstrated co-facilitation
* Facilitators provided opportunities for participants to respond, discuss, and engage
* All participants contributed to the conversation and activities

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| Number of Components Present: \_\_\_\_\_ |

**Any other notes or observations regarding the implementation of today’s session:**

**Reflection with co-facilitators:**

1. **What worked?**
2. **How do you know?**
3. **What didn’t work?**
4. **How do you know?**
5. **What are your next steps?**

Please return this form to Barbara Boone at boone.32@osu.edu.

All results will be reported in aggregate. No facilitators, regions or schools will be named in reporting the results.