

## Healthy Living: Self-Management Workshops Coaching Form

Date: \_\_\_\_\_

Session Number: \_\_\_\_\_

Workshop Leader: \_\_\_\_\_

Observer: \_\_\_\_\_

Site Name: \_\_\_\_\_

Number of participants in class: \_\_\_\_\_

Workshop type (Check one):  CDSMP  CPSMP  DSMP  Cancer Thriving and Surviving  
 TCS  PMPD

Skills	Comments/Suggestions
<p><b><u>Class Prep</u></b></p> <ul style="list-style-type: none"> <li>• Timeliness</li> <li>• Charts</li> <li>• Room/facility (includes parking)</li> <li>• Distributed and collected appropriate Institute data collection forms</li> </ul>	
<p><b><u>Delivery of Workshop</u></b></p> <ul style="list-style-type: none"> <li>• Follows curriculum and process</li> <li>• Delivers clear instructions</li> <li>• Engaging presentation style</li> <li>• Encourages participants</li> </ul>	
<p><b><u>Group Interaction</u></b></p> <ul style="list-style-type: none"> <li>• Encourages participation</li> <li>• Limits personal stories</li> <li>• Handles problem people effectively</li> <li>• Adheres to timelines</li> <li>• Works well with co-facilitator</li> </ul>	
<p><b><u>Brainstorming</u></b></p> <ul style="list-style-type: none"> <li>• Follows Brainstorming guidelines as described in Leader’s Manual</li> <li>• Coordinated roles of scribe and facilitator</li> <li>• Added only those ideas from Leader’s Manual not stated during brainstorm</li> </ul>	
<p><b><u>Action Planning</u></b></p> <ul style="list-style-type: none"> <li>• Models action plan appropriately</li> <li>• Effectively facilitates action plan formulation with group participants</li> <li>• When necessary, follows problem solving process</li> </ul>	

<p><b><u>Feedback/Problem Solving</u></b></p> <ul style="list-style-type: none"> <li>• Models feedback appropriately</li> <li>• Positively reinforces participants</li> <li>• When necessary, follows problem solving process</li> </ul>	
<p><b><u>Workshop Specific Activities</u></b></p> <ul style="list-style-type: none"> <li>• Delivered all content materials according to the current leaders' manual</li> <li>• Accurately paraphrased sections of activities</li> <li>• Correctly demonstrates Moving Easy Program exercises (Chronic Pain only)</li> </ul>	

**This section to be completed after the session, by the fidelity coach, with input from the facilitator.**

Areas of Strength:

Areas for Improvement:

How can the Institute and/or the fidelity coach support you and your organization in successfully implementing CDSME programs in your area?

Additional comments or concerns:

Signature of Facilitator: \_\_\_\_\_

Signature of Fidelity Coach: \_\_\_\_\_