# FAMILY & FOOD MATTERS

**TO PREGNANT WOMEN**



## Facilitator Feedback Form

We want to hear from you - the facilitator! Your feedback will be used to improve this program. **After *each* session, please fill out this form and email to hgk@ampletableforeveryone.org**. Be sure to identify which session you are referring to by entering the session week and title. (For example, for session 2 write-in “2” and “Communication & Store Tour.”)

**Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Facilitator Name(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Session Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Session Week #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **# of Women in Attendance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For the two statements below, circle one of the four options that best describes today’s session**. | | | | |
| 1. We completed... | All the session as designed | Most of the session | Less than half of the session | None of session |
| 2. The session manual was …. | Very helpful | Helpful | Somewhat helpful | Not Helpful |
| **For the following questions, please write in your responses.** | | | | |
| 1. What did you like *most* about the session? |  | | | |
| 2. What did you *not* like about the session? |  | | | |
| 3. Is there anything you think should also be discussed in this session that was not covered? |  | | | |
| 4. Are there any changes you would make to the session? (e.g., activity, time length) |  | | | |
| 5. Please provide any additional comments. |  | | | |

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Ample Table for Everyone (ATE) Foundation, 2019.

# LA FAMILIA Y LA COMIDA IMPORTAN A MUJERES EMBARAZADAS



## Formulario de Comentarios del Facilitador

Queremos saber de usted - el facilitador! Sus comentarios serán utilizados para mejorar este programa. Después de cada sesión, por favor complete este formulario. Asegúrese de identificar a qué sesión se refiere ingresando la semana y el título de la sesión (Por ejemplo, para la sesión 2, escriba “2” y Comunicación y Recorrido por la Tienda.”

**Organicion**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nombre(s) de Facilitador** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **# de Mujeres en Asistencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Título de la Sesión:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sesión Semana #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fecha de Hoy:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Para las dos declaraciones a continuación, circule una de las cuatro opciones que mejor describe la sesión de hoy**. | | | | |
| 1. Completamos ... | Toda la sesión tal como fue diseñada | La mayor parte de la sesión | Menos de la mitad de la sesión | Nada de la sesión |
| 2. El manual de la sesión fue …. | Muy util | Util | Algo util | No util |
| **Para las siguientes preguntas, por favor escriba sus respuestas.** | | | | |
| 1. ¿Qué es lo que *más* te gustó de la sesión? |  | | | |
| 2.¿Qué *no* te gustó de la sesión? |  | | | |
| 3. ¿Hay algo que piense que también debería discutirse en esta sesión que no se trató? |  | | | |
| 4. ¿Hay algún cambio que harías en la sesión? (por ejemplo, actividad, duración del tiempo) |  | | | |
| 5. Por favor, denos cualquier comentario adicional. |  | | | |

Este proyecto ha sido financiado por el Ample Table for Everyone (ATE) Foundation, 2019.



### FIDELITY ASSESSMENT

|  |  |  |
| --- | --- | --- |
| Date: | Organization: | Group Leader(s): |
| Session #: | # of Pregnant Women: | |
| Fidelity Observer Initials: | | |
| Session 1: Welcome and Wellness!  Session 2: Respectful Communication and Tips for Healthy Food Shopping  Session 3: Relationships  Session 4: Building Supports and Saying Good-Bye  **Instructions:**   1. Complete the “Observation” section on page 2. The “Observation” section follows a typical session structurein chronological order. The facilitator should focus on the progression of the session by following the manual and observing if the tasks were addressed. Use the appropriate section in this form (i.e., announcements, bonding, cooking) to log the corresponding part of the session. Place a check mark in the line to the left of each statement if the facilitator does what is indicated in the statement. Please follow scoring instructions. 2. Complete the “Final Comments” section after session has ended. | | |

#### FINAL COMMENTS

Complete this section at the end of the observation. You may comment on clinical skills that stood out during your observation, such as use of reflective listening, communicating reassurance, providing positive feedback, fostering participation, asking and answering questions, checking for comprehension, keeping the group on target with the agenda, asking about participants thoughts and feelings, etc.

List 2 things throughout the group that the facilitator did very well:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List 2 things throughout the group which require improvement:

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Please turn page over to finish completing this form.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **OBSERVATION (ABCs)** | | | | | | | |
| **Scoring:**  **0** (Not at all met): Item not checked for single indicators, or no sub-items checked for multiple indicators **1** (Partially met): At least one sub-item checked  **2** (Completely met): All items/sub-items checked | | | | | | | |
| **Announcements** | | | | **0**  Not at all met | **1**  Partially met | **2**  Completely met | **Consensus** |
| 1. \_ \_\_ Facilitator(s) lead the ‘Welcome’ | | | |  |  |  |  |
| 2. | \_ \_\_ | | Facilitator(s) review agenda for the day (NOTE OT PART OF THE TOTAL SCORE |  | XXXXxx |  |  |
| THIS IS N | |
| 3. Roadwork Review:  3a. \_\_\_ Asked group members if they were able to focus on the food group and any other roadwork    3b. \_\_\_ Asked what the roadwork experience was like    3c. \_\_\_ Addressed how to complete roadwork for next week (for pregnant women that did not complete roadwork*). (\* if everyone completed roadwork check N/A\_\_\_\_\_, and do not count this item towards scoring)*  3d. \_\_\_ Informed group members of the ‘Today’s Topic’  3e. \_\_\_ Addressed at least half of the talking points in the "Let's Talk" section  3f. \_\_\_ Engaged group members to discuss topic assigned for that session | | | |  |  |  |  |
| **Bonding** | | | | **0** | **1** | **2** |  |
| 4. Let’s Share and Practice:  4a. \_\_\_ Addressed at least half of the talking points in the "Let's Share" box  4b. \_\_\_ Engaged group members to discuss topic assigned for that session  4c. \_\_\_ Explained the purpose of activity to group members    4d. \_\_\_ Assisted group members with the activity | | | |  |  |  |  |
| 4e. | | \_\_\_ | Reflected on the activity |
| **Cooking** | | | | **0** | **1** | **2** |  |
| 5. Let’s Focus on Food Group of the Day:  5a. \_\_\_ Engaged group members in a discussion of the food group of the day from ‘MyPlate’  5b. \_\_\_ Engaged group members in discussing the benefits of the food group of the day | | | |  |  |  |  |
| 5c. | | \_\_\_ | Engaged group members to make a snack together |
| 6. Roadwork  6a. \_\_\_ Facilitator(s) explained the roadwork assignment.    6b. \_\_\_ Showed group members where they can access the  roadwork in the manual    6c. \_\_\_ Asked for or answered any questions about session | | | |  |  |  |  |

**TOTAL POINTS POSSIBLE FOR ALL QUESTIONS = 10**

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| --- | --- | --- | --- | --- | --- |
| **SESSION** | **Announcements** | **Bonding** | **Cooking** | **More to Think**  **About and**  **Roadwork** | **Scoring** |
| 1 | Welcome everyone and check-in with food allergies. Introduce topic of wellness and create Group Guidelines.  Let’s Talk about the 2 Rs and 2 Ss and their importance in your lives | Let’s Share: Focus on stress and normalize this and share what’s most stressful in our lives. Let’s Practice: Stress discussion and then activity around what is your control | Let’s Talk about  Pregnancy and Healthy Food and MyPlate.  Focus on Fruits and Vegetables. Create a Fruit Salad and Greens Smoothie | ‘Food for Thought’ Chart and Quickly review the ‘More to Think About’ Pages |  |
| 2 | Welcome and  Roadwork Review. Introduce today’s topic of Respectful Communication and discuss among each other | Let’s Share: Discuss assertive communication and practice it.  Sugar Demo and Store Tour (connect it with communication) | Let’s Focus on Dairy and discuss the health benefits of dairy in pregnancy. Create a yogurt parfait and/ or a smoothie | ‘Food for Thought’  Chart and Quickly review the ‘More to  Think About’ Pages |  |
| 3 | Welcome and  Roadwork Review.  Introduce and discuss today’s topic of Relationships (with others, self, and baby. | Let’s Share: Self Talk and the importance of our relationship with our self.  Let’s Practice: Create a Vision Board. Identify a support for when in need | Let’s Focus on Protein and discuss the health benefits of protein in pregnancy.  Create an apple wrap and/ or a smoothie | ‘Food for Thought’  Chart and Quickly review the ‘More to  Think About’ Pages |  |
| 4 | Welcome and  Roadwork Review.  Introduce and discuss  Today’s Topic of Building Supports and saying good-bye (last session). Let’s Talk with grape support activity. | Let’s Share: Examples of supports needed. Let’s Practice: Asking for help with something needed. Let’s Reflect: Group ending and thoughts/ feelings about it. Celebrate with certificates. | Let’s Focus on Grains and discuss the health benefits of grains in pregnancy. Create a veggie wrap and/or Overnight Oats to take home. | ‘Food for Thought’  Chart and Quickly review the ‘More to  Think About’ Pages |  |

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| **Other**  If another topic was covered, or additional  activity was used |  |  |  |  |  |