

Fidelity Checklist

Date first session was delivered: _____

Date last session was delivered: _____

Number of clients who attended Session 1: _____

Facilitators: Name _____

Name _____

Session 1:

Date delivered:

#	Activity	Implemented as suggested	Implemented with changes	Did not do this activity	Comments

Session 2:

Date delivered:

#	Activity	Implemented as suggested	Implemented with changes	Did not do this activity	Comments

Session 3:

Date delivered:

#	Activity	Implemented as suggested	Implemented with changes	Did not do this activity	Comments

Session 4:

Date delivered:

#	Activity	Implemented as suggested	Implemented with changes	Did not do this activity	Comments

Session 5:

Date delivered:

#	Activity	Implemented as suggested	Implemented with changes	Did not do this activity	Comments

Session 6:

Date delivered:

#	Activity	Implemented as suggested	Implemented with changes	Did not do this activity	Comments