



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Impact of Crime (IOC): Fidelity Adherence Checklist

Facility/Program:

Session Date:

Provider Name:

Start Time: ☐ AM ☐ PM Ending Time: ☐ AM ☐ PM Number of Participants:

Observer Name and Title:

Facilitator 1 Name and Title:

Facilitator 2 Name and Title:

PLEASE NOTE: *If IOC is a primary service, then in order to meet SPEP requirements, the curriculum needs to be 32 sessions over 16 weeks. If supplementation is needed in order to ensure that youth meet SPEP dosage guidelines, the facilitator may add additional time or activities to each chapter and objectives, when necessary. Examples of additional activities may include but are not limited to: reviewing additional lessons on chapter materials, additional stinking thinking projects, homework, therapeutic projects to re-enforce IOC curriculum concepts, or community service projects.*

Chapter and Objectives Completed During Review:

Check box for each completed Objective:

	Chap 1	2	3	4	5
1 Victim Impact and Restorative Justice	<input type="checkbox"/>	<input type="checkbox"/>			
2 Personal Accountability (<i>Challenging Stinkin' Thinkin'</i>)	<input type="checkbox"/>	<input type="checkbox"/>			
3 Introduction to Harm (<i>Looking at Property Crimes</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Consequences of Making Decisions (<i>Choices Under the Influence</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Ripple Effect of Crime: The Impact of Poor Decision-Making (<i>Looking Closer at Violent Crimes</i>)	<input type="checkbox"/>	<input type="checkbox"/>			
6 Managing Conflict (<i>A Focus on Hate Crimes and the Community</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 The Road to Reparation (<i>Building Communities and Repairing the Harm</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this scale to rate what you observed during this session and/or the appropriate column N/A. (Not all lessons require homework)						
Section A: Mechanics of Lesson	N/A	Not at all	Poorly	Adequate	Well Done	Very Well
1. Reviewed Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Modeled New Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Role-plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feedback on Role-plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. New Homework Assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. New Homework Explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Covered all activities in the lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Met stated lesson objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section B: Experiential Component	N/A	Not at all	Poorly	Adequate	Well Done	Very Well
9. Lesson Preparation (materials, charts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.

10. Comfort Level Teaching Lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section B: Experiential Component of Lesson (continued)	<i>N/A</i>	<i>Not at all</i>	<i>Poorly</i>	<i>Adequate</i>	<i>Well Done</i>	<i>Very Well</i>
11. Simplicity (plain language)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Demonstrated knowledge of the material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The co-facilitator demonstrated a knowledge of the material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Practiced and displayed a completely objective point of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Co-facilitator practiced and displayed a completely objective point of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Demonstrated effective platform skills (verbal and non-verbal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Co-facilitator demonstrated effective platform skills (verbal and non-verbal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Maintained Group Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Co-facilitator Maintained Group Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Facilitator interacted effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Co-facilitator interacted effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Reinforcement given to participants was commensurate with performance quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Session was conducted within the allotted timeframe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Visual aids were used to support the presentation and to clarify concepts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section C: Overall						
25. Were there any behavior management issues during this session?						
26. Please detail any section identified above if N/A was selected (if applicable).						
27. Facilitator or Co-Facilitator self-evaluation and ideas for improvement.						
28. Please describe any relevant observations or recommendations below (if applicable).						

Name and title of person completing form

Date