**Unique YOU®, formerly I’m Special**

**Fidelity**

Fidelity is the faithful implementation of the program components.

Staff are asked to check YES or NO to fidelity assurance using the following questions.

1. Was the program delivered as it was designed addressing all core concepts?
2. Was there enough time to adequately implement the session?
3. Did you use specific techniques or methods prescribed by the program?
4. Did the delivery engage and involve participants?
Unique YOU®, formerly I’m Special
Fidelity Checklist #1

Date: ______/_____/______  Session start: _______  Session end: _______
Leader’s Name: ________________________________
Classroom Location: ________________________________

Total Number of Students in Class: ______
Number of Students Present Today: _______

Was the room organized to foster comfortable communication?  
☐ 1  Yes  ☐ 2  No

Please describe any problems with the room: ________________________________

__________________________________________________

Session One

Key Concept: When we agree on class behavior, we feel safe and create a place for fun and learning. In learning more about self and others, we enhance friendships and begin to build community.

Yes  No

1. Did you introduce yourself to the participants?  
   ☐ 1  ☐ 2

2. Did you introduce the unique YOU® Program to the participants?  
   ☐ 1  ☐ 2

3. Did you allow participants to introduce themselves?  
   ☐ 1  ☐ 2

4. Did you conduct the Promises exercise?  
   ☐ 1  ☐ 2

5. Did you allow the participants to brainstorm classroom behaviors?  
   ☐ 1  ☐ 2

6. Did you guide the class through a participatory decision making Process to allow them to choose their promises?  
   ☐ 1  ☐ 2

7. Did you post the final list of promises?  
   ☐ 1  ☐ 2

8. Did you guide the class through a participatory decision making Process to allow them to choose consequences if the promises are
9. Which one of the following activities did you facilitate?

☐ 1 unique YOU® Folder/ “This is me” Collage
☐ 2 Simon Wants To Know You Better
☐ 3 Identity Game
☐ 4 Did not facilitate any additional activities

10. Did you state the goal of this activity?

☐ 1 Yes
☐ 2 No

11. How many minutes did you spend processing this activity? _______

12. Did you tie the activity to the goal and key concept during processing?

☐ 1 Yes
☐ 2 No

13. If you had time, which other activity did you facilitate?

☐ 1 unique YOU® Folder/ “This is me” Collage
☐ 2 Simon Wants To Know You Better
☐ 3 Identity Game
☐ 4 Did not facilitate an additional activity

14. Did you state the goal of this activity?

☐ 1 Yes
☐ 2 No

15. How many minutes did you spend processing this activity? _______

16. Did you tie the activity to the goal and key concept during processing?

☐ 1 Yes
☐ 2 No
17. How involved were the participants during the processing period?

☐ 1 Very involved
☐ 2 Involved
☐ 3 Disinterested
☐ 4 Very Disinterested

18. Additional Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Unique YOU®, formerly I’m Special
Fidelity Checklist #2

Date: ______/_____/______ Session start: _______ Session end: _______

Leader’s Name: _______________________________________________

Classroom Location: ___________________________________

Number of students present today: ______

Was the room organized to foster comfortable communication?  
☐ 1  Yes  ☐ 2  No

Please describe any problems with the room: ________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Session Two

Key Concept: The more we discover and acknowledge our strengths and special talents, the more comfortable we become with others.

Yes  No

1. Did you review the promises at the beginning of the class?  ☐ 1  ☐ 2

2. Did you review homework if any was given?  ☐ 1  ☐ 2

3. Which one of the following activities did you facilitate?

☐ 1  Are You More Like?
☐ 2  Personal Coat of Arms
☐ 3  Puzzle-Tee and Me
☐ 4  It’s Eggstraordinary

10. Did you state the goal of this activity?

☐ 1  Yes  ☐ 2  No

11. How many minutes did you spend processing this activity? ______
12. Did you tie the activity to the goal and key concept during processing?
   □ 1 Yes
   □ 2 No

13. If you had time, which other activity did you facilitate?
   □ 1 Are You More Like?
   □ 2 Personal Coat of Arms
   □ 3 Puzzle-Tee and Me
   □ 4 It’s Eggstraordinary
   □ 5 Did not facilitate an additional activity

14. Did you state the goal of this activity?
   □ 1 Yes
   □ 2 No

15. How many minutes did you spend processing this activity? _______

16. Did you tie the activity to the goal and key concept during processing?
   □ 1 Yes
   □ 2 No

17. How involved were the participants during the processing period?
   □ 1 Very involved
   □ 2 Involved
   □ 3 Disinterested
   □ 4 Very Disinterested

18. Additional Comments:
    __________________________________________________________
    __________________________________________________________
    __________________________________________________________
Unique YOU®, formerly I’m Special
Fidelity Checklist #3

Date: _____/_____/_____
Session start: ______  Session end: ______

Leader’s Name:  ____________________________________________

Classroom Location:  _________________________________________

Number of Students Present Today: ______

Was the room organized to foster comfortable communication?  
☐ 1 Yes  ☐ 2 No

Please describe any problems with the room: _______________________
  ____________________________________________________________
  ____________________________________________________________

________________________________________________________________

Session Three

Key Concept: Everybody has feelings. Feelings are not good or bad, but comfortable and uncomfortable. We can practice expressing feelings in a positive way.

1. Did you review last week’s activities?  
☐ 1 Yes  ☐ 2 No

2. Did you review homework if any was given?  
☐ 1 Yes  ☐ 2 No

3. Which one of the following activities did you facilitate? (If more than one activity was used, please identify the one you facilitated first.)

☐ 1  My Feelings
☐ 2  Talking Without Words
☐ 3  Feeling Pictures
☐ 4  Dealing with Feelings
☐ 5  Feelings Charades
☐ 6  The ABCs of Feelings

4. Did you state the goal of this activity?  
☐ 1 Yes  ☐ 2 No
5. How many minutes did you spend processing this activity? _____

6. Did you tie the activity to the goal and key concept during processing?
   - [ ] Yes
   - [ ] No

7. Which other activity did you facilitate?
   - [ ] My Feelings
   - [ ] Talking Without Words
   - [ ] Feeling Pictures
   - [ ] Dealing with Feelings
   - [ ] Feelings Charades
   - [ ] The ABCs of Feelings
   - [ ] Did not facilitate an additional activity

8. Did you state the goal of this activity?
   - [ ] Yes
   - [ ] No

9. How many minutes did you spend processing this activity? _____

10. Did you tie the activity to the goal and key concept during processing?
    - [ ] Yes
    - [ ] No

11. How involved were the participants during the processing period?
    - [ ] Very involved
    - [ ] Involved
    - [ ] Disinterested
    - [ ] Very Disinterested

12. Additional Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Unique YOU®, formerly I’m Special
Fidelity Checklist #4

Date: _____/_____/______  Session start: ______  Session end: ______

Leader’s Name: _______________________________________________

Classroom Location: _____________________________________________

Number of Students Present Today: ______

Was the room organized to foster comfortable communication?  
☐ 1  Yes  ☐ 2  No

Please describe any problems with the room: __________________________________________

________________________________________

_______________________________________

Session Four

Key Concept: We can communicate with ourselves and others in positive ways. We have the ability to influence ourselves and the world around us.

1. Did you review last week’s activities?  
☐ 1  Yes  ☐ 2

2. Did you review homework if any was given?  
☐ 1  Yes  ☐ 2

3. Which one of the following activities did you facilitate? (If more than one activity was used, please identify the one you facilitated first.)

☐ 1  Warm Fuzzies  
☐ 2  Remember When  
☐ 3  Finish the Feelings Phrase  
☐ 4  Rap up on Feelings  
☐ 5  Neggy

4. Did you state the goal of this activity?

☐ 1  Yes  ☐ 2  No

5. How many minutes did you spend processing this activity? ______
6. Did you tie the activity to the goal and key concept during processing?
   □ 1 Yes
   □ 2 No

7. If you had time, which other activity did you facilitate?
   □ 1 Warm Fuzzies
   □ 2 What Do People Do
   □ 3 Remember When
   □ 4 It's All Right To Cry
   □ 5 Finish the Feelings Phrase
   □ 6 Neggy
   ❑ Did not facilitate another activity

8. Did you state the goal of this activity?
   □ 1 Yes
   □ 2 No

9. How many minutes did you spend processing this activity? _______

10. Did you tie the activity to the goal and key concept during processing?
    □ 1 Yes
    □ 2 No

11. How involved were the participants during the processing period?
    □ 1 Very involved
    □ 2 Involved
    □ 3 Disinterested
    □ 4 Very Disinterested

12. Additional Comments:
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
Unique YOU®, formerly I’m Special
Fidelity Checklist #5

Date: _____/_____/______  Session start: ______  Session end: ______

Leader’s Name: _______________________________________________

Classroom Location: ____________________________________________

Number of Students Present Today: ______

Was the room organized to foster comfortable communication?  
☐ 1  Yes  ☐ 2  No

Please describe any problems with the room: __________________________
______________________________________________________________
______________________________________________________________

__________

Session Five

Key Concept: All decisions offer choices. We can carefully consider what we want to do. There is always more than one way. We can make the best choices for ourselves.

1. Did you review last week’s activities?  
   ☐ 1  Yes  ☐ 2

2. Did you review homework if any was given?  
   ☐ 1  Yes  ☐ 2

3. Which one of the following activities did you facilitate? (If more than one activity was used, please identify the one you facilitated first.)
   ☐ 1  Don’t Give Up
   ☐ 2  Where I Stand
   ☐ 3  Deciding

4. Did you state the goal of this activity?
   ☐ 1  Yes  ☐ 2  No

5. How many minutes did you spend processing this activity? ______
6. Did you tie the activity to the goal and key concept during processing?

☐ 1 Yes
☐ 2 No

7. Which other activity did you facilitate?

☐ 1 Don’t Give Up
☐ 2 Where I Stand
☐ 3 Deciding
☐ 4 Did not facilitate an additional activity

8. Did you state the goal of this activity?

☐ 1 Yes
☐ 2 No

9. How many minutes did you spend processing this activity? ______

10. Did you tie the activity to the goal and key concept during processing?

☐ 1 Yes
☐ 2 No

11. How involved were the participants during the processing period?

☐ 1 Very involved
☐ 2 Involved
☐ 3 Disinterested
☐ 4 Very Disinterested

12. Additional Comments:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
**Unique YOU®, formerly I’m Special**  
Fidelity Checklist #6

Date: ______/_____/______  Session start: ________  Session end: ________  
Leader’s Name: _______________________________________________  
Classroom Location: ________________________________  

Number of Students Present Today: ______

Was the room organized to foster comfortable communication?  
☐ 1  Yes  
☐ 2  No

Please describe any problems with the room: ________________________________  
______________________________________________________________________

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**Session Six**

**Key Concept:** When we cooperate and work as a team, we feel stronger individually and our team is able to accomplish more. We have a personal choice in how we work in a team. Teamwork is part of all aspects of life (i.e. family friendships, neighborhoods, sport teams, etc.)

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<thead>
<tr>
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<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Did you review last week’s activities?</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
<tr>
<td>2. Did you review homework if any was given?</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
<tr>
<td>3. Which one of the following activities did you facilitate? (If more than one activity was used, please identify the one you facilitated first.)</td>
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<tr>
<td>☐ 1  <em>Linking Together</em></td>
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<td>☐ 2 <em>Tinker Toys</em></td>
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<td>☐ 3 <em>Building Blocks of Teamwork</em></td>
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<tr>
<td>☐ 4 <em>Cooperation Game</em></td>
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</tr>
</tbody>
</table>

4. Did you state the goal of this activity?  
☐ 1  Yes  
☐ 2  No

5. How many minutes did you spend processing this activity? ______
6. Did you tie the activity to the goal and key concept during processing?
   □ 1 Yes
   □ 2 No

7. Which other activity did you facilitate?
   □ 1 Linking Together
   □ 2 Tinker Toys
   □ 3 Building Blocks of Teamwork
   □ 4 Cooperation Game
   □ 1 Did not facilitate additional activity

8. Did you state the goal of this activity?
   □ 1 Yes
   □ 2 No

9. How many minutes did you spend processing this activity? _______

10. Did you tie the activity to the goal and key concept during processing?
   □ 1 Yes
   □ 2 No

11. How involved were the participants during the processing period?
   □ 1 Very involved
   □ 2 Involved
   □ 3 Disinterested
   □ 4 Very Disinterested

12. Additional Comments:

   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
Unique YOU®, formerly I’m Special
Fidelity Checklist #7

Date: _____/_____/_____
Session start: _______ Session end: _______

Leader's Name: ____________________________________________

Classroom Location: _________________________________________

Number of Students Present Today: ______

Was the room organized to foster comfortable communication?  
☐ 1 Yes  ☐ 2 No

Please describe any problems with the room: ____________________________  
_______________________________________________________________

_______________________________________________________________

Session Seven

Key Concept: Alcohol, tobacco and other drugs are unhealthy, illegal and affect our lives. We can say “yes” to healthy choices and say “no” to alcohol, tobacco and other drugs.

1. Did you review last week’s activities?  
☐ 1 Yes  ☐ 2

2. Did you review homework if any was given?  
☐ 1 Yes  ☐ 2

3. Which one of the following activities did you facilitate? (If more than one activity was used, please identify the one you facilitated first.)

☐ 1 Healthy Habits
☐ 2 “The Cat Who Drank and Used Too Much”
☐ 3 Staying Healthy
☐ 4 Saying “No, Thank You”

4. Did you state the goal of this activity?  
☐ 1 Yes  ☐ 2 No

5. How many minutes did you spend processing this activity? ______
6. Did you tie the activity to the goal and key concept during processing?
   □ 1  Yes
   □ 2  No

7. Which other activity did you facilitate?
   □ 1  Healthy Habits
   □ 2  “The Cat Who Drank and Used Too Much”
   □ 3  Staying Healthy
   □ 4  Saying “No, Thank You”
   □ 6  Did not facilitate additional activity

8. Did you state the goal of this activity?
   □ 1  Yes
   □ 2  No

9. How many minutes did you spend processing this activity? _______

10. Did you tie the activity to the goal and key concept during processing?
    □ 1  Yes
    □ 2  No

11. How involved were the participants during the processing period?
    □ 1  Very involved
    □ 2  Involved
    □ 3  Disinterested
    □ 4  Very Disinterested

12. Additional Comments:

   __________________________________________________________________________
   __________________________________________________________________________
Unique YOU®, formerly I’m Special
Fidelity Checklist #8

Date: _____/_____/____ Session start: _______ Session end: _______

Leader’s Name: __________________________________________________________

Classroom Location: ______________________________________________________

Number of Students Present Today: ______

Was the room organized to foster comfortable communication?  □ 1 Yes  □ 2 No

Please describe any problems with the room: ___________________________________

_________________________________

Session Eight

Key Concept: We can take with us what we’ve learned in “I’m Special” to other areas of our lives. We know how to affirm ourselves and others, how to express feelings in a positive way, how to make healthy choices and how to cooperate. We are strong.

Yes  No

1. Did you review last week’s activities?  □ 1  □ 2

2. Did you review homework if any was given?  □ 1  □ 2

3. Which one of the following activities did you facilitate? (If more than one activity was used, please identify the one you facilitated first.)

□ 1  “On the Air”
□ 2  “There’s No Group Like Ours” Poster
□ 3  Group Review
□ 4  Together We Stand

4. Did you state the goal of this activity?

□ 1  Yes  □ 2  No
5. How many minutes did you spend processing this activity? _______

6. Did you tie the activity to the goal and key concept during processing?
   
   ☐ 1  Yes  ☐ 2  No

7. Which other activity did you facilitate?
   
   ☐ 1  “On the Air”
   ☐ 2  “There’s No Group Like Ours” Poster
   ☐ 3  Group Review
   ☐ 4  Together We Stand
   ☐ 5  Did not facilitate additional activities

8. Did you state the goal of this activity?
   
   ☐ 1  Yes  ☐ 2  No

9. How many minutes did you spend processing this activity? _______

10. Did you tie the activity to the goal and key concept during processing?
    
    ☐ 1  Yes  ☐ 2  No

11. How involved were the participants during the processing period?
    
    ☐ 1  Very involved  ☐ 2  Involved  ☐ 3  Disinterested  ☐ 4  Very Disinterested

12. Additional Comments:
    
    __________________________________________________________
    __________________________________________________________
    __________________________________________________________