

Washington State Snap-Ed Curriculum Fidelity for Continuous Improvement

Lesson Assessment Tool for — *Eat Smart, Live Strong: Lesson Two — Challenges and Solutions*

☐ Educator Self-Assessment ☐ Supervisor Assessment ☐ Fidelity Team Assessment

Educator(s) Name (s): _____ Sub-Contractor: _____

Region: _____ County: _____ Date of Lesson: _____

Start Time: _____ End Time: _____

Program Setting (classroom/grade, food bank, clinic etc.): _____

Your review about this session is important. Your description of how the lesson was taught, in relation to the written curriculum, will help us strengthen our program. Please consider each part of the lesson below and indicate if you presented it using yes or no in the space provided. If no, details about why and how you adapted the lesson are important to continuous program improvement. Please complete the assessment tool by the end of the next working day from when lesson was taught.

	Completed as Written <i>Yes or No</i>		If adaptations were made or activity was not done, please describe what was changed and why. <i>Please be as specific as possible.</i>
Exercises (optional)	Yes	No	Comments and/or Changes
Start with warm-up: <ul style="list-style-type: none">Explain that these exercises can improve strength, balance, and flexibility.			
Encourage all to join at a level that is comfortable: <ul style="list-style-type: none">State that participation is voluntary and it is okay to sit out if they have a physical condition that prevents them from exercising.			
Pass out <i>Handout 2b, Session 2 Exercises</i> and lead participants by demonstrating each exercise and inviting everyone to follow along: <ul style="list-style-type: none">Toe RaisesSide Leg RaisesWall Push-UpsAbdominal Crunches *If different activities were used list in comment section			
Time goal: 10 minutes			
Welcome	Yes	No	Comments and/or Changes
Welcome participants, introduce the session and acknowledge familiar faces.			
Introduce yourself and mention one challenge you faced being physically active this week then ask participants to do the same. <ul style="list-style-type: none">List challenges on flip chart (<i>save for activity later</i>)			
State the length and purpose of today's session: <ul style="list-style-type: none">Participants will identify solutions to problems they face when trying to eat			

	Completed as Written <i>Yes or No</i>		If adaptations were made or activity was not done, please describe what was changed and why. <i>Please be as specific as possible.</i>
3½ cups of F/V and get 30 minutes of physical activity.			
Time goal: Not Specified			
Anchor	Yes	No	Comments and/or Changes
<p>Explain that <i>Eat Smart, Live Strong</i> program focuses on 2 important behaviors that health experts recommend to improve health and well-being at all ages:</p> <ul style="list-style-type: none"> • Eat at least 3½ cups of F/V every day. • Participate in at least 30 minutes of moderate-intensity physical activity most days. 			
<p>State that the amount of F/V for any person depends on activity level, age, and gender. Older adults need:</p> <ul style="list-style-type: none"> • 1½ cups from fruit • 2 cups from vegetables 			
<p>Ask participants to name benefits of eating F/V every day. Ensure the following are mentioned:</p> <ul style="list-style-type: none"> • Get vitamins, minerals, and fiber needed for good health • Maintain regularity • Help prevent or delay effects of chronic conditions such as obesity, diabetes, hypertension, and heart disease • Add color, taste, and variety to diet 			
<p>Ask participants to list ways they can be physically active. Be sure to include:</p> <ul style="list-style-type: none"> • Walking briskly • Mowing the lawn • Aerobics • Weight lifting • Jogging • Dancing • Swimming • Stationary cycling • Active walking or running with grandchildren 			
<p>Discuss benefits of engaging in 30 minutes of physical activity most days. Mention the following:</p> <ul style="list-style-type: none"> • Help prevent or delay effects of chronic disease • Feel better • Decrease mild stress, anxiety, and depression • Build and maintain healthy bones, muscles, and joints • Improve strength 			

	Completed as Written <i>Yes or No</i>		If adaptations were made or activity was not done, please describe what was changed and why. <i>Please be as specific as possible.</i>
<ul style="list-style-type: none"> • Increase balance and reduce risk of falling • Improve sleep 			
Time goal: Not Specified			
Add	Yes	No	Comments and/or Changes
If participants brought <i>Set Your Goals</i> handout back from session 1, have them share their progress with the group.			
Invite participants to share successes: <ul style="list-style-type: none"> • Ask participants what has made it easier for them to do the behaviors. • Write responses on the flip chart (<i>save for activity later</i>) 			
Congratulate those who made progress and distribute copies of <i>Handout 2a</i> to those who want to continue tracking.			
Time goal: Not Specified			
Add and Apply	Yes	No	Comments and/or Changes
Show participants list of challenges they shared during introductions: <ul style="list-style-type: none"> • Ask them to list challenges of eating 3½ cups of F/V. • Review challenges and have everyone select 2-3 eating and physical activity challenges then think of a solution to each individually. • Ask volunteers to share solutions with the group. 			
<u>Activity: Finding Your Solution</u> Explain game and state that this will help participants think about a variety of positive ways to address some challenges they face in achieving the 2 key behaviors.			
Once a puzzle is solved, spend time talking about the solution by asking some of these questions: <ul style="list-style-type: none"> • How many of you face this challenge? • Would this solution help you to eat more F/V? • Would this solution help you to be more physically active? • Who might try this solution this week? 			
Compare participant solutions with those identified in the game and discuss which option might work for them.			
Goal time: 10 minutes			

	Completed as Written <i>Yes or No</i>		If adaptations were made or activity was not done, please describe what was changed and why. <i>Please be as specific as possible.</i>
Away	Yes	No	Comments and/or Changes
<u>Goal setting:</u> Distribute <i>Handout 2c, My Commitment</i> <ul style="list-style-type: none"> Encourage participants to select one solution to try this week for each category. Ask participants to share commitments with the group. 			
Give everyone <i>Handout 2d, "Smart" Card</i> Explain the card and encourage participants to write down any questions they have for their health care provider.			
Goal time: Not Specified			
Wrap Up	Yes	No	Comments and/or Changes
Recap main point: <ul style="list-style-type: none"> Find a simple solution to the challenges that make it hard to eat fruits and vegetables or exercise. 			
Thank participants for joining and invite them to the next session: <ul style="list-style-type: none"> Remind everyone to bring completed <i>Set Your Goals</i> handout with them. 			
Use Handout 1d <i>Participant Feedback sheet</i> and/or discussion to ask for feedback (optional).			
Goal time: Not Specified			
Exercises (optional)	Yes	No	Comments and/or Changes
Lead group in cool down exercises to end class using the same exercises from the warm-up.			
Time goal: 10 minutes			
Materials and Supplies	Yes	No	Comments and/or Changes
Used materials and supplies: -Visual aids -Poster -Teaching Supplies			

Please respond to the following questions. It's important we know the successes and challenges of the lessons you teach.

1. What went well?

2. What challenges did you have?

3. What timing issues did you face?

4. Other (Please add any other remarks or feedback you have)

Please contact Maggie Grate at maggie.grate@WSU.edu or at 253-445-4529 if you have any questions about the completion of this form.

November 28, 2017