

**ANGER CONTROL FIDELITY FORM (observation scoring)**  
INSTRUCTIONS = Pages 1 & 2 filled out by Trainer/Co-trainer following group  
20% of sessions to be observed by a trained facilitator

Facility: Observer: Title:

Date: Trainer: Title:

Time Session Began: Co- Trainer: Title:

Time Session Ended: Number of Youth Attending:

Anger Control Week #:

**Scoring #1-14:** Yes (1) No (0)

1. Were any issues from last Anger Control Group reviewed (i.e., homework difficulties; group member(s) needing more role-playing)? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

2. Were group norms reviewed? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

3. What visual aids were used?  poster of the skill of the week  
 skill cards for groups  
 other visual aid

4. Was the sequence step introduced and briefly explained? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

5. Was sequence modeled by Trainer/Co-trainer? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

6. Were all the steps for performing the sequence identified during modeling?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

7. Were the modeling demonstrations relevant to the youth (i.e., adolescent situations)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

8. Was there clear delineation of actual talk versus self-talk and was there movement involved?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

9. Did the Trainer establish each young person's *need* for the skill? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

10. Did each youth role-play the sequence of the session as the Main Actor?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

11. Did each youth provide performance feedback to role-play of the other youth?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

12. Was order of performance feedback given to role-playing youth appropriate?  
Co-actor, Trainees, Trainers, Main Actor (preferred order) Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

13. Were homework assignments given to each youth? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

14. Was behavior management (inappropriate youth behavior) an issue during the session?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

If there were behavior management issues, how were they handled?

Comments:

**TOTAL SCORE** \_\_\_\_\_ out of 11. % =

**Items for Post group debriefing between Observer and Group Trainer and Co-trainer:**

15. Trainer's self-evaluation of sessions and ideas for improvement:

Comments:

16. Co-trainer's self-evaluation of session and ideas for improvement:

Comments:

17. Observer's feedback and recommendations:

Comments:

Observer's comments and recommendations received:

(Trainer's Signature & Date)