



SNAP® Girls Children’s Group Weekly Evaluation Form

Parent/Caregiver Name(s): _____
 Facilitator(s): _____
 Child Name: _____
 Client ID#: _____

Rating scale:

1 = refuses to participate; 2 = some evidence of skill, required coaching; 3 = independently demonstrates skill; 4 = not observable

Provide a rating of YES/NO for the headings “Role-Play” and “Home Practice”.

NOTE: for certain observations of a client’s participation a numerical rating will suffice; others require an explanation in note column

Date	Session Topic	Social Skills (cooperative with peers and Leaders; interacts positively with others)	Effective Communication (uses listening skills; expresses self appropriately)	Behaviour (follows group rules, structure, and expectations; requires redirection/limit setting; responsive to praise, points)	Skill Conceptualization (demonstrates understanding of topic)	Role-Play (demonstrates steps of SNAP in role-play and during natural learning opportunities) Y/N	Home Practice (Y/N)	Notes (mood/demeanor ; important insights and information)
		Rating Scale 1-4				Rating Yes or NO		



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	1. Introduction to SNAP®							
	2. Introduction to STOP NOW							



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	3. Problem-solving							
	4. BODY CUES							



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	5. JOINT SESSION: Listening							
	6. Dealing with Feelings							



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	7. When you're not so sure							
	8. JOINT SESSION: Rewarding Yourself							



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	9. HARD THOUGHTS and COOL THOUGHTS (Part 1)							
	10. HARD THOUGHTS and COOL THOUGHTS (Part 2)							



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	11. Dealing With Bullying							
	12. Avoiding Trouble							



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	13. JOINT: Final Celebration							