

**MOTHERS and BABIES 1-on-1 Fidelity Rating Form**

**Session 1**

Date of Today's Session: ____/____/____	Session # <u>  1  </u>
Provider: _____	Agency: _____
Client Name/ID: _____	

*After completing today's session, please answer the following questions about how much content was covered, how well the client understood and was engaged in each topic, and any feedback you have about challenges and successes today!*

*List any other person participating in today's session (e.g., father of baby, grandmother):*

\_\_\_\_\_

	<b>Topic 1:</b>	<b>Topic 2:</b>	<b>Topic 3:</b>	<b>Activity:</b>
<i>(Circle one response in each column)</i>	<b>STRESSORS THAT CAN AFFECT MOTHER-BABY RELATIONSHIP</b>	<b>HOW THE MOTHERS AND BABIES COURSE CAN HELP YOU</b>	<b>PURPOSE AND OVERVIEW OF MOTHERS AND BABIES COURSE</b>	<b>MY PARENTS, MY TEACHERS VIDEO</b>
<b>How Much Was Covered?</b>	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Introduced Not Introduced
<b>How Well Do You Think the Client Understood Each Topic?</b>	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	
<b>How Engaged Was the Client in Each Topic?</b>	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	
<b>List Any Challenges When Discussing the Topic</b>				

**MOTHERS and BABIES 1-on-1 Fidelity Rating Form**  
**Session 2**

Date of Today's Session: ____/____/____	Session # <u>  2  </u>
Provider: _____	Agency: _____
Client Name/ID: _____	

*After completing today's session, please answer the following questions about how much content was covered, how well the client understood and was engaged in each topic, and any feedback you have about challenges and successes today!*

*List any other person participating in today's session (e.g., father of baby, grandmother):*

\_\_\_\_\_

<i>(Circle one response in each column)</i>	<b>Topic 1:</b> YOUR MOOD AND YOUR PERSONAL REALITY	<b>Topic 2:</b> QUICK MOOD SCALE	<b>Activity:</b> QUICK MOOD SCALE
How Much Was <b>Covered</b> ?	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Introduced Not Introduced
How Well Do You Think the Client <b>Understood</b> Each Topic?	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	
How <b>Engaged</b> Was the Client in Each Topic?	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	
List Any Challenges When Discussing the Topic			

**MOTHERS and BABIES 1-on-1 Fidelity Rating Form**

**Session 3**

Date of Today's Session: ____/____/____	Session # <u>3</u>
Provider: _____	Agency: _____
Client Name/ID: _____	

*After completing today's session, please answer the following questions about how much content was covered, how well the client understood and was engaged in each topic, and any feedback you have about challenges and successes today!*

*List any other person participating in today's session (e.g., father of baby, grandmother):*

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<i>(Circle one response in each column)</i>	<b>Topic 1:</b> REVIEW OF QUICK MOOD SCALE	<b>Topic 2:</b> VIOLET AND MARY'S DAYS	<b>Topic 3:</b> HOW DOES WHAT WE DO AFFECT HOW WE FEEL?	<b>Activity:</b> PLEASANT ACTIVITIES LIST
How Much Was <b>Covered</b> ?	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Introduced Not Introduced
How Well Do You Think the Client <b>Understood</b> Each Topic?	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	
How <b>Engaged</b> Was the Client in Each Topic?	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	
List Any Challenges When Discussing the Topic				

**MOTHERS and BABIES 1-on-1 Fidelity Rating Form**

**Session 4**

Date of Today's Session: ____/____/____	Session # <u>4</u>
Provider: _____	Agency: _____
Client Name/ID: _____	

*After completing today's session, please answer the following questions about how much content was covered, how well the client understood and was engaged in each topic, and any feedback you have about challenges and successes today!*

*List any other person participating in today's session (e.g., father of baby, grandmother):*

\_\_\_\_\_

<i>(Circle one response in each column)</i>	<b>Topic 1:</b> WHAT DO YOU LIKE TO DO? PLEASANT ACTIVITY LIST	<b>Topic 2:</b> OVERCOMING OBSTACLES TO DOING PLEASANT ACTIVITIES	<b>Activity:</b> COMPLETE ONE PLEASANT ACTIVITY
<b>How Much Was Covered?</b>	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Introduced Not Introduced
<b>How Well Do You Think the Client <b>Understood</b> Each Topic?</b>	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	
<b>How <b>Engaged</b> Was the Client in Each Topic?</b>	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	
List Any Challenges When Discussing the Topic			

**MOTHERS and BABIES 1-on-1 Fidelity Rating Form**

**Session 5**

Date of Today's Session: ____/____/____	Session # <u>5</u>
Provider: _____	Agency: _____
Client Name/ID: _____	

*After completing today's session, please answer the following questions about how much content was covered, how well the client understood and was engaged in each topic, and any feedback you have about challenges and successes today!*

*List any other person participating in today's session (e.g., father of baby, grandmother):*

\_\_\_\_\_

<i>(Circle one response in each column)</i>	<b>Topic 1:</b> REVIEW OF PLEASANT ACTIVITY CHECKLIST	<b>Topic 2:</b> WHAT DO BABIES LIKE TO DO?	<b>Topic 3:</b> HOW DO BABIES LEARN?	<b>Topic 4:</b> PLEASANT ACTIVITIES AND MY BABY	<b>Activity:</b> QUICK MOOD SCALE
<b>How Much Was Covered?</b>	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Introduced Not Introduced
<b>How Well Do You Think the Client Understood Each Topic?</b>	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	
<b>How Engaged Was the Client in Each Topic?</b>	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	
List Any Challenges When Discussing the Topic					

**MOTHERS and BABIES 1-on-1 Fidelity Rating Form**

**Session 6**

Date of Today's Session: ____/____/____	Session # <u>6</u>
Provider: _____	Agency: _____
Client Name/ID: _____	

*After completing today's session, please answer the following questions about how much content was covered, how well the client understood and was engaged in each topic, and any feedback you have about challenges and successes today!*

*List any other person participating in today's session (e.g., father of baby, grandmother):*

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<i>(Circle one response in each column)</i>	<b>Topic 1:</b> VIOLET AND MARY'S DAYS	<b>Topic 2:</b> WHAT ARE THOUGHTS?	<b>Topic 3:</b> HELPFUL THOUGHTS AND HARMFUL THOUGHTS	<b>Activity:</b> QUICK MOOD SCALE
How Much Was <b>Covered</b> ?	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Introduced Not Introduced
How Well Do You Think the Client <b>Understood</b> Each Topic?	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	
How <b>Engaged</b> Was the Client in Each Topic?	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	
List Any Challenges When Discussing the Topic				

**MOTHERS and BABIES 1-on-1 Fidelity Rating Form**

**Session 7**

Date of Today's Session: ____/____/_____	Session # <u>7</u>
Provider: _____	Agency: _____
Client Name/ID: _____	

*After completing today's session, please answer the following questions about how much content was covered, how well the client understood and was engaged in each topic, and any feedback you have about challenges and successes today!*

*List any other person participating in today's session (e.g., father of baby, grandmother):*

\_\_\_\_\_

<i>(Circle one response in each column)</i>	<b>Topic 1:</b> TYPES OF HARMFUL THOUGHT PATTERNS AND TALKING BACK	<b>Topic 2:</b> WAYS TO CHANGE HARMFUL THOUGHTS THAT AFFECT MY BABY AND ME	<b>Activity:</b> TRACKING HELPFUL AND HARMFUL THOUGHTS
How Much Was <b>Covered</b> ?	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Introduced Not Introduced
How Well Do You Think the Client <b>Understood</b> Each Topic?	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	
How <b>Engaged</b> Was the Client in Each Topic?	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	
List Any Challenges When Discussing the Topic			

**MOTHERS and BABIES 1-on-1 Fidelity Rating Form**

**Session 8**

Date of Today's Session: ____/____/____	Session # <u>8</u>
Provider: _____	Agency: _____
Client Name/ID: _____	

*After completing today's session, please answer the following questions about how much content was covered, how well the client understood and was engaged in each topic, and any feedback you have about challenges and successes today!*

*List any other person participating in today's session (e.g., father of baby, grandmother):*

\_\_\_\_\_

<i>(Circle one response in each column)</i>	<b>Topic 1:</b> THOUGHTS ABOUT BEING A MOTHER	<b>Topic 2:</b> GOALS FOR MY FUTURE AND MY BABY'S FUTURE	<b>Activity:</b> THINKING ABOUT THE FUTURE
How Much Was <b>Covered</b> ?	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Introduced Not Introduced
How Well Do You Think the Client <b>Understood</b> Each Topic?	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	
How <b>Engaged</b> Was the Client in Each Topic?	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	
List Any Challenges When Discussing the Topic			



**MOTHERS and BABIES 1-on-1 Fidelity Rating Form**

**Session 9**

Date of Today's Session: ____/____/____	Session # <u>  9  </u>
Provider: _____	Agency: _____
Client Name/ID: _____	

*After completing today's session, please answer the following questions about how much content was covered, how well the client understood and was engaged in each topic, and any feedback you have about challenges and successes today!*

*List any other person participating in today's session (e.g., father of baby, grandmother):*

\_\_\_\_\_

<i>(Circle one response in each column)</i>	<b>Topic 1:</b> VIOLET AND MARY'S DAYS	<b>Topic 2:</b> RELATIONSHIP BETWEEN MOOD AND CONTACT WITH OTHERS	<b>Topic 3:</b> BREAKING THE CYCLE BETWEEN NEGATIVE MOOD & FEWER POSITIVE CONTACTS	<b>Activity:</b> QUICK MOOD SCALE
How Much Was <b>Covered</b> ?	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Introduced Not Introduced
How Well Do You Think the Client <b>Understood</b> Each Topic?	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	
How <b>Engaged</b> Was the Client in Each Topic?	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	
List Any Challenges When Discussing the Topic				

**MOTHERS and BABIES 1-on-1 Fidelity Rating Form**

**Session 10**

Date of Today's Session: ____/____/____	Session # <u>10</u>
Provider: _____	Agency: _____
Client Name/ID: _____	

*After completing today's session, please answer the following questions about how much content was covered, how well the client understood and was engaged in each topic, and any feedback you have about challenges and successes today!*

*List any other person participating in today's session (e.g., father of baby, grandmother):*

\_\_\_\_\_

<i>(Circle one response in each column)</i>	<b>Topic 1:</b> THE PEOPLE IN MY LIFE	<b>Topic 2:</b> PEOPLE IN MY LIFE AND THE WAY THEY SUPPORT ME	<b>Activity:</b> SUPPORT NETWORK LIST
How Much Was <b>Covered</b> ?	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Introduced Not Introduced
How Well Do You Think the Client <b>Understood</b> Each Topic?	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	
How <b>Engaged</b> Was the Client in Each Topic?	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	
List Any Challenges When Discussing the Topic			

**MOTHERS and BABIES 1-on-1 Fidelity Rating Form**

**Session 11**

Date of Today's Session: ____/____/____	Session # <u>11</u>
Provider: _____	Agency: _____
Client Name/ID: _____	

*After completing today's session, please answer the following questions about how much content was covered, how well the client understood and was engaged in each topic, and any feedback you have about challenges and successes today!*

*List any other person participating in today's session (e.g., father of baby, grandmother):*

\_\_\_\_\_

<i>(Circle one response in each column)</i>	<b>Topic 1:</b> COMMUNICATION STYLES AND YOUR MOOD	<b>Topic 2:</b> GETTING YOUR NEEDS MET	<b>Topic 3:</b> INTERPERSONAL RELATIONSHIPS AND DEPRESSION	<b>Topic 4:</b> ROLE DISAGREEMENTS & DISPUTES
<b>How Much Was Covered?</b>	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered
<b>How Well Do You Think the Client Understood Each Topic?</b>	Did not understand at all Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood
<b>How Engaged Was the Client in Each Topic?</b>	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged
<b>List Any Challenges When Discussing the Topic</b>				

**MOTHERS and BABIES 1-on-1 Fidelity Rating Form**

**Session 12**

Date of Today's Session: ____/____/____	Session # <u>12</u>
Provider: _____	Agency: _____
Client Name/ID: _____	

*After completing today's session, please answer the following questions about how much content was covered, how well the client understood and was engaged in each topic, and any feedback you have about challenges and successes today!*

*List any other person participating in today's session (e.g., father of baby, grandmother):*

\_\_\_\_\_

<i>(Circle one response in each column)</i>	<b>Topic 1:</b> COURSE REVIEW	<b>Topic 2:</b> PLANNING FOR THE FUTURE
How Much Was <b>Covered</b> ? (Circle One in Each Column)	Not Covered Somewhat Covered Totally Covered	Not Covered Somewhat Covered Totally Covered
How Well Do You Think the Client <b>Understood</b> Each Topic?	Did Not Understand at All Somewhat Understood Totally Understood	Did Not Understand at All Somewhat Understood Totally Understood
How <b>Engaged</b> Was the Client in Each Topic?	Not Engaged at All Somewhat Engaged Very Engaged	Not Engaged at All Somewhat Engaged Very Engaged
List Any Challenges When Discussing the Topic		

***Congratulations on completing the Mothers and Babies course with your client!***