



Incredible Years® Sample Consultation Day Training Protocol (1 day/7 hours)

- I. _____ Introductions and Participant Goals
- II. _____ Benefits and Barriers to Video Feedback/Role of Person Presenting Video
- III. _____ Brainstorm Group Rules for Consultation Day
- IV. _____ Handouts include (all available on www.incredibleyears.com):
 - A. _____ Self Evaluation Process Checklist (<http://incredibleyears.com/certification-gl/>)
 - B. _____ “Hot Tips” for appropriate program (<http://incredibleyears.com/resources/tm/>)
 - C. _____ Preparation Tips (<http://incredibleyears.com/resources/tm/>) *Choose type for your program
 - D. _____ Latest research articles for program (<http://incredibleyears.com/research-library/>)
- IV. _____ Complete DVD Review for: _____
 - _____ Clarify Goals
 - _____ Clarify type of feedback desired
 - _____ Review completed Peer/Self Evaluations and Group Process Checklist
 - _____ Provide feedback about what group leader did well
 - _____ Explore and practice alternatives
 - _____ Debrief practices
 - _____ Check in if goals met, obstacles to implementing
 - _____ Summarize key principles and/or learning
- V. _____ Brainstorm/Buzz: challenges group leaders identify
- VI. _____ Watch IY DVD of Group Leader & Reflections (Overview DVD or reflections clips from website)
- VII. _____ Complete DVD Review for: _____
 - _____ Clarify Goals
 - _____ Clarify type of feedback desired
 - _____ Review completed Peer/Self Evaluations and Group Process Checklist
 - _____ Provide feedback about what group leader did well
 - _____ Explore and practice alternatives
 - _____ Debrief practices
 - _____ Check in if goals met, obstacles to implementing
 - _____ Summarize key principles and/or learning
- VIII. _____ Brainstorm/Buzz: engagement strategies

- IX. _____ Complete DVD Review for: _____
- _____ Clarify Goals
 - _____ Clarify type of feedback desired
 - _____ Review completed Peer/Self Evaluations and Group Process Checklist
 - _____ Provide feedback about what group leader did well
 - _____ Explore and practice alternatives
 - _____ Debrief practices
 - _____ Check in if goals met, obstacles to implementing
 - _____ Summarize key principles and/or learning

- X. _____ Complete DVD Review for: _____
- _____ Clarify Goals
 - _____ Clarify type of feedback desired
 - _____ Review completed Peer/Self Evaluations and Group Process Checklist
 - _____ Provide feedback about what group leader did well
 - _____ Explore and practice alternatives
 - _____ Debrief practices
 - _____ Check in if goals met, obstacles to implementing
 - _____ Summarize key principles and/or learning

- XI. _____ Complete DVD Review for: _____
- _____ Clarify Goals
 - _____ Clarify type of feedback desired
 - _____ Review completed Peer/Self Evaluations and Group Process Checklist
 - _____ Provide feedback about what group leader did well
 - _____ Explore and practice alternatives
 - _____ Debrief practices
 - _____ Check in if goals met, obstacles to implementing
 - _____ Summarize key principles and/or learning

- XI. _____ Complete DVD Review for: _____
 - _____ Clarify Goals
 - _____ Clarify type of feedback desired
 - _____ Review completed Peer/Self Evaluations and Group Process Checklist
 - _____ Provide feedback about what group leader did well
 - _____ Explore and practice alternatives
 - _____ Debrief practices
 - _____ Check in if goals met, obstacles to implementing
 - _____ Summarize key principles and/or learning
- XII. _____ Brainstorm/Buzz: cultural diversity
- XIII. _____ Distribute "Hot Tips" document for appropriate program
- XIV. _____ Use website (www.incredibleyears.com) to review certification/accreditation req's
 - A. _____ Review certification section (<http://incredibleyears.com/certification-gl/>)
 - B. _____ Review list of requirements
- XV. _____ Review list of challenges (from #V) to make sure all were addressed
- XVI. _____ Distribute certificates of completion for consultation day

Date of Consultation Day Training: _____

Location: _____

Trainer or Mentor: _____

Comments:

Please return this completed checklist along with participant evaluation forms to:

The Incredible Years, Inc.
 1411 8th Avenue West
 Seattle, WA 98119

