

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 6: Are You Truly My Friend?

Date: _____ Grade: 8th Number of Students: _____ Boys _____ Girls _____
 Start Time: _____ End Time: _____ Estimated Time on Task: _____
 School: _____ Facilitator/Educator: _____

Please check off activities that were completed.

Activity	Completed	Facilitator	√	Youth Outcome
1. Introduction	<input type="checkbox"/>	Students for a circle around the medicine wheel and perform the smudging ceremony.	<input type="checkbox"/>	Students will be able to recall what they have learned from Lesson 5
	<input type="checkbox"/>	How has your extended family been helpful to you?		
	<input type="checkbox"/>	What is the difference between a friend and an acquaintance? How do you know if you have a true friend?	<input type="checkbox"/>	Students will be able to identify the characteristics of a true friend?
2. Video Presentation	<input type="checkbox"/>	Show the video: <i>What's A Real Friend?</i> What were the qualities of friend identified in the video? In order to have a friend what do you have to do.	<input type="checkbox"/>	Students will be able to expand on the understanding of what a true friend is?
3. Group Work	<input type="checkbox"/>	Divide the class into groups of two or three students. Have the students complete the exercise in the journal and after 20 minutes share their responses.	<input type="checkbox"/>	Students will be able identified at least five qualities associated with a friend and five qualities associated with an acquaintance.
4. Guiding Questions	<input type="checkbox"/>	How do you know if you have a true friend? How does you know that a person is just acquaintance?	<input type="checkbox"/>	Students will be able to make a decision about when a person is a true friend and understands personal boundaries face to face and on social media.
	<input type="checkbox"/>	What does it mean when a friend understands personal boundaries?		
	<input type="checkbox"/>	Can you identify a true friend through social media?		

1) Were there any challenges with any of the activities? ___ Yes ___ No

Why? _____

2) Did you skip any activities? ___ Yes ___ No

Why? (e.g., group too large, had mandatory fire drill, etc.) _____

3) Which activity or activities went especially well for you?

4) Did you make any changes in this session? ___ Yes ___ No

Why? _____

5) If you made any changes how would you rate the changes?

___ Green (Spontaneous or Minor)

___ Yellow

___ Red (Major)

___ Does not apply