

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 2: Who Am I?

Date: _____

Grade Level : 2nd

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. Review last lesson 2. Talking Circle/Smudge | <input type="checkbox"/> | Highlight last lesson "Hocoka Ohomni Wacinyekiyapi" and last week value respect-yuonihan (yu-o-ni-han) | <input type="checkbox"/> | To learn what constitutes good character in a person. All students will be able to actively participate, and take ownership inside the Medicine Wheel Circle. Increase students self esteem. |
| | <input type="checkbox"/> | Have students form a Medicine Wheel Circle and smudge, Talk about circle protocol. Introduce today's value respect-yuonihan (yu-o-ni-han) | | |
| 3. Who Am I? Medicine Wheel Worksheet | <input type="checkbox"/> | "Who Am I" work sheet in Lakota Way of Life work books. Show different ways of respect so the students will understand how to model it. | <input type="checkbox"/> | Students will understand value of respect. |
| | <input type="checkbox"/> | | <input type="checkbox"/> | Students will identify some good character traits in themselves, and others |
| 4. Do Circle activity "Mitakuye Oyasin" | <input type="checkbox"/> | Pass out workbooks & pencils. | <input type="checkbox"/> | Students will identify good character traits in themselves and others. |
| | <input type="checkbox"/> | Ask students to write some examples of respect that they shared with others. | | |
| | <input type="checkbox"/> | Do ball of yarn activity. | | |
| | <input type="checkbox"/> | Have students pass ball of yarn to each other after everyone holds the yarn string all the students will understand "Mitakuye Oyasin" we are all related. | | |
| | <input type="checkbox"/> | Closing: Put all materials away. | | |
| | | | | Students will be able to share their positive character traits with their classmates, and families. |

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**