

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 2: Wolakota

Date: _____ Grade: 3rd 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 (Gathering into a circle with hope)” 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 Medicine Wheel Circle and smudge, Talk about circle protocol. Introduce today’s value generosity-wacantognaka (wa-can-to-gnaka)		
3 Read Iktomi Sees Himself	<input type="checkbox"/>	Read story “Iktomi Sees Himself” Process with students the meaning of the story and ask questions as outlined in lesson plan.	<input type="checkbox"/>	Students will understand value of generosity.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will identify some good character traits in themselves, and others
4. Do Self-portrait worksheet	<input type="checkbox"/>	Pass out workbooks & pencils.	<input type="checkbox"/>	Students will identify good character traits in themselves and in others.
	<input type="checkbox"/>	Ask students to write some gifts of generosity that they shared with others.		
	<input type="checkbox"/>	Draw and color a self-portrait of themselves	<input type="checkbox"/>	Students will be able to share their positive character traits with their classmates, and families.
	<input type="checkbox"/>	Have students organize in a semicircle and show pictures of themselves.		
	<input type="checkbox"/>	Closing: Put all materials away.		

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**