

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 1: Introduction to Lakota Circles of Hope

Date: _____ Grade: 6th 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. Introduce self 2. Review lesson		Highlight lesson Introduction to Lakota Circles of Hope and this lesson's Lakota values are waohola – respect, waunsila – compassion, woksape – wisdom, cantewasake – fortitude, cantet'inze – to be brave, courageous, canteyuke - generosity		Students will learn about self and relationship to others as defined by the medicine wheel. All students will actively participate and take ownership inside the Medicine Wheel Circle. Students will learn about trust and respect along with other values that help to identify who they are.
		Ask students if they have taken the pre-questionnaire on the computer.		
3 Talking circle/azilya protocol		Talk about circle/azilya protocol. Have Students form a circle around the Medicine Wheel and azilya. Introduce values used in today's lesson.		Students will learn about the medicine wheel and azilya. Students will learn and understand each value in the lesson.
				Students will learn that it is safe to talk in the medicine wheel circle.
4. Give each student the Waniyetu Wowapi Journal		Tell students that they will be working in the Waniyetu Wowapi Journals with every lesson.		Students will gain a better understanding of what Lakota Circles of Hope is all about and what is expected from them in the remaining nine weeks.
		Ask students to define what their meaning of Gathering into a circle with hope means.		
		Ask students why everything we do is in a circle.		

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**