

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 2: Choosing Friends

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. Review lesson one 2. Review today's lesson 3. Talking circle/azilya	<input type="checkbox"/>	Highlight lesson one " Introduction to Lakota Circles of Hope ". Review the values learned in lesson one.	<input type="checkbox"/>	Students will know the importance of the medicine wheel, talking circle and azilya . Students will know how to actively participate outside of the classroom. Students will know the meaning of waunsila and how they can apply it to their everyday life. Students will learn waohola – respect and this is one value we all need to have for self and for one another.
	<input type="checkbox"/>	Have Students form a circle around the Medicine Wheel and azilya. Introduce today's values waunsila – compassion, waohola - respect		
4. Read "Choose Your Pack" story.	<input type="checkbox"/>	Read story " Choose Your Pack " to the students. Process the story with the students.	<input type="checkbox"/>	Students will learn what good qualities good friends possess.
5. Students will work in their Waniyetu Wowapi Journals.	<input type="checkbox"/>	Instruct students that they will be doing activities in their journals.	<input type="checkbox"/>	Students will practice the Lakota value of respect through active listening, learning the qualities of a good friend, and how to be supportive listeners.
	<input type="checkbox"/>	Explain they will do a group exercise	<input type="checkbox"/>	Students will know how to identify and express personal feelings with someone they trust such as a good friend; Understanding that giving your time to another person is really listening.
	<input type="checkbox"/>	Ask students to share "Qualities that define NOT BEING A GOOD FRIEND "		
	<input type="checkbox"/>			

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**