

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 2: Seven Council Fires – Oceti Sakowin

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 1
	<input type="checkbox"/>	Have the students share why the talking circle is an important and valuable practice.		
	<input type="checkbox"/>	Have the students share what tribe they belong to. What linguistic tradition does your tribe have?		Students will be able to identify their tribal heritage and language.
2 Story Reading	<input type="checkbox"/>	Read from the book, <i>Lakota Society</i> , about the formation of Oceti Sakowin. Have the students open their journals and find the lists of the Seven Council Fires. Can the students find their tribe or oyate in the list?	<input type="checkbox"/>	Students will be able to find their tribal heritage from the Oceti Sakowin list.
3. Locating Each Oyate	<input type="checkbox"/>	The students will be provided a map to locate the residence of the various oyates.	<input type="checkbox"/>	The students will be to learn the residence and location of various oyates including their own family.
4. Guiding Questions	<input type="checkbox"/>	Discuss what some reservations have two or more oyates. Where is the location of each student's oyate?	<input type="checkbox"/>	Students will understand the meaning of Oceti Sakowin and how it brings all the oyates together.
	<input type="checkbox"/>	What is the importance of oceti (the number seven)?		
	<input type="checkbox"/>	How does the Oceti Sakowin connect the Dakota, Nakota and Teton into one group of people?		

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