

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 7: Wisdom of the Stars

Date: _____ Grade: 5th 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 "Woksape/Wisdom" and last week value Bravery-Woohitika (wo-o-hi-ti-ka)	<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 self esteem.
	<input type="checkbox"/>	Have students form Medicine Wheel Circle and smudge, Talk about circle protocol. Introduce today's value Wisdom- Woksape (wo-ksa-pe).		
3. Read "The Star People"	<input type="checkbox"/>	Read "The Star People," process with students about the story and ask questions.	<input type="checkbox"/>	Students will understand value of Wisdom.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will identify the consequences of not listening, bad choices and behaviors, and problem solving skills.
4. Do circle activity, "Self Destructive Behaviors/Safety Plan"	<input type="checkbox"/>	Pass out workbooks and handouts.	<input type="checkbox"/>	The students will practice the Lakota value of Wisdom. They will evaluate different self destructive behaviors, making good choices and applying themselves in a positive way.
	<input type="checkbox"/>	Discuss Self-Destructive Behavior Stories and Examples with students.		
	<input type="checkbox"/>	Students make their own list of self-destructive behaviors, the value being ignored, and share in class.		Students will be able to identify what self-destructive behaviors are and understand the process for making good decisions and solving problems.
	<input type="checkbox"/>	Students complete Safety Plan and discuss the importance of having a Safety Plan.		
	<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