

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 8: Dreaming for the Future (Week 1)

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 "Wisdom of the Stars" and last week value Wisdom-Woksape (wo-ksa-pe)	<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. Setting Goals	<input type="checkbox"/>	Discuss future goals and dreams and give examples of Lakota people long ago goals and dreams.	<input type="checkbox"/>	Students will understand value of Wisdom.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will identify future goals and step-by-step plan to make their dreams possible.
4. Do circle activity, "Celebration of Dreams"	<input type="checkbox"/>	Pass out workbooks and handouts.	<input type="checkbox"/>	The students will practice the Lakota value of Wisdom. Students will plan a project that relates to a dream.
	<input type="checkbox"/>	Students write invitation letter to send home for the Celebration of Dreams event with date and time.		
	<input type="checkbox"/>	Photograph each student to showcase on student posters on the day of the event.	<input type="checkbox"/>	Students will understand how to envision a bright future and will gain goal attainment skills.
	<input type="checkbox"/>	Students work on answers to interview questions incorporated into student posters.		
	<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**