

## Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

### Lesson 5: Tiyospaye

Date: \_\_\_\_\_ Grade: 6<sup>th</sup> 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
<b>1. Review lesson four</b> <b>2. Review today's lesson</b> <b>2. Talking circle/azilya</b>	<input type="checkbox"/>	Highlight lesson four <b>"Bullying II"</b> . Review the values learned in lesson four	<input type="checkbox"/>	To learn they belong to something natural and beautiful, a family. Students will be prepared to do a family tree if they were asked to do one as part of a class project.
	<input type="checkbox"/>	Have students form a circle around the Medicine wheel and azilya. Introduce today's value <b>woksape</b> – wisdom.		
<b>4. Listen to the audio</b> <b>"The People"</b>	<input type="checkbox"/>	Listen to the story <b>"The People"</b> . Process with students about the story and ask question.	<input type="checkbox"/>	Students will learn the importance of family and kinships.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will learn to share their family history where they need it
<b>5. Students will work in</b> <b>their Waniyetu Wowapi</b> <b>Journals</b>	<input type="checkbox"/>	Instruct students that they will be doing an activity in their journals and this will include their family.	<input type="checkbox"/>	Students will learn their family history and will be able to trace back to their ancestors
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	Students will have an opportunity to have family participate in this lesson

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**