

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 5: Making Friends

Date: _____

Grade Level: 2nd

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 "Little Mouse Learns About Friendship" and last week value fortitude-wowacintanka (wo-wa-cin-tan-ka)	<input type="checkbox"/>	Students will be taught that good friends practice values involving fortitude. All students will be able to actively participate and take ownership inside the Medicine Wheel Circle. Students will learn about trust, and fortitude.
	<input type="checkbox"/>	Have students form a Medicine Wheel Circle and smudge, Talk about circle protocol. Introduce today's value fortitude-wowacintanka (wo-wa-cin-tan-ka). Talk to students about White Buffalo Calf Woman.		
3 Read "The Legend Of the White Buffalo Calf Woman."	<input type="checkbox"/>	Read story "The Legend of The White Buffalo Calf Woman." Process the story with the students asking questions as outlined in the lesson plan.	<input type="checkbox"/>	Students will understand value of Fortitude.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will learn that good friends tell the truth, support one another, and are trustworthy.
4. Complete Making Friends Worksheet	<input type="checkbox"/>	Give students game instructions	<input type="checkbox"/>	Students will learn that good friends tell the truth, support each other and are trustworthy.
	<input type="checkbox"/>	Explain what constitutes healthy friendships.		
	<input type="checkbox"/>	Ask students how others may harm them.	<input type="checkbox"/>	Students will be able to understand about good/bad friends.
	<input type="checkbox"/>	Ask students who the good friends are in their lives. Complete "Making Friends Worksheet."		
	<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**