

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 6: The Protective Voice of Hiya (NO)

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 "Making Friends" 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 wisdom - woksape (wo-ksa-pe). Talk to students about White Buffalo Calf Woman		
3 " What you know about drugs & alcohol."	<input type="checkbox"/>	Hand out the Lakota Way of Life Workbooks.	<input type="checkbox"/>	Students will understand value of Wisdom.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will learn that good friends tell the truth, support one another, and are trustworthy.
4. Four puppets and scenario game.	<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 Hiya (NO), it's bad for me.		
	<input type="checkbox"/>	Ask students how others may harm and trick them.		
	<input type="checkbox"/>	Ask students who they can trust in there lives as well as friends.		
	<input type="checkbox"/>	Closing: Put all materials away.		Students will be able to understand about good/bad friends.

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**