

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 7: Mitakuye Oyasin All My Relatives (Week 1)

Date: _____ Grade: 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 "The Protective Voice of Hiya- No" 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.
	<input type="checkbox"/>	Have students form a Medicine Wheel Circle and smudge. Introduce today's value wisdom- woksape (wo-ksa-pe)		
3. Read "Adopted by the Eagles"	<input type="checkbox"/>	Read story "Adopted by the Eagles." Process with students the meaning of the story and ask questions as outlined in lesson plan.	<input type="checkbox"/>	Students will understand value of wisdom.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will identify with the eagle and their family history.
4. Do circle activity "Mitakuye Oyasin"	<input type="checkbox"/>	Pass out workbooks and handouts.	<input type="checkbox"/>	Students will practice the Lakota value of wisdom and will identify good character traits in themselves and others:
	<input type="checkbox"/>	Have students complete coloring eagle picture and write names of relatives around picture.		
	<input type="checkbox"/>	Pass out letters to the family for students to take home.		
	<input type="checkbox"/>	Have student color eagle in workbooks.		
	<input type="checkbox"/>	Closing: Put all materials away.		
			<input type="checkbox"/>	Students will know how to stay informed, to solve problems, and to set personal goals understanding the importance of family history and keeping records to pass on to others.

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**