

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

### Lesson 8: My Lakota Shield (Week1)

Date: \_\_\_\_\_ Grade: 3rd 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 last lesson</b> <b>2. Talking Circle/Smudge</b>	<input type="checkbox"/>	Highlight last lesson "Sacredness of Each Generation" and last week value <b>wisdom-woksape</b> (wo-ksa-pe).	<input type="checkbox"/>	Students will learn about oneself by using symbols to express himself or herself. All students will be able to actively participate, and take ownership inside the Medicine Wheel Circle.
	<input type="checkbox"/>	Have Students form Medicine Wheel Circle and smudge, Talk about circle protocol. Introduce today's value <b>bravery or courage -woohitika</b> (wo-o-hi-ti-ka).		
<b>3. Story of the Lakota Shield</b>	<input type="checkbox"/>	Read story "Story of the Lakota Shield." Process with students the meaning of the story and ask questions as outlined in lesson plan.	<input type="checkbox"/>	Students will understand value of bravery.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will learn self respect and self worth.
<b>4. Make Lakota Shields</b>	<input type="checkbox"/>	Give instructions about making their shields.	<input type="checkbox"/>	The students will be able to demonstrate the importance of self respect and self worth by using graphic symbols.
	<input type="checkbox"/>	Explain to students the meaning of Lakota shields.		
	<input type="checkbox"/>	Explain shields are a form of respect and bravery.		
	<input type="checkbox"/>	Each student will put feathers on that will have student's individual achievements written on them.		
	<input type="checkbox"/>	Closing: Put all materials away.		
				Students will be able to view each others achievements.

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**