

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 10: Circle of Solutions

Date: _____ Grade: 4th 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"/>	Review Lesson 9 - "O'waki- I Can Do It" and last week value wisdom-woksape (wo-ksa-peh)	<input type="checkbox"/>	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 bravery- woohitika (wo-o-hi-ti-ka).		
3. Read the story "A Boy Called Slow"	<input type="checkbox"/>	Read "A Boy Called Slow." Discuss the story with the students and ask questions as outlined in the lesson plan.	<input type="checkbox"/>	Students will be able to explain and understand the value of bravery.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will identify with the boy called Slow using bravery and courage in life.
4. Do circle activity, "Circle of Solutions"	<input type="checkbox"/>	Pass out workbooks and handouts.	<input type="checkbox"/>	The students will explain how they will practice the Lakota value of bravery.
	<input type="checkbox"/>	Students get in groups and name 3 problems and solutions, consequences, action, if it worked.		
5. LCH Post-Questionnaire	<input type="checkbox"/>	Students determine best choice out of scenario given to them, and write down responses.	<input type="checkbox"/>	Students will explain how they come up with solutions to problems, make good decisions using the circle model and being assertive.
	<input type="checkbox"/>	Discuss circle model used to make their decisions.		
	<input type="checkbox"/>	Administer Post-Questionnaire to students.		

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**