

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 3: My Winter Count of Gratitude (Week 2)

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 - "My Winter Count of Gratitude" and last week value generosity-wacantognaka (wa-can-to-gnaka)	<input type="checkbox"/>	Students will be able to think and explain of ways to be caring and generous to other people. 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 generosity- wacantognaka (wa-can-to-gnaka).		
3. Discuss "Role-Models/ Winter Count"	<input type="checkbox"/>	Discuss and write down traits of a role model. Discuss the purpose of the Winter Count in Lakota History.	<input type="checkbox"/>	Students will be able to list three or more traits of good role model.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will identify and express personal experiences on how they have been caring and generous to others.
4. Do circle activity, "Making a Winter Count"	<input type="checkbox"/>	Pass out workbooks and winter counts from last week.	<input type="checkbox"/>	The students will practice the Lakota value of generosity and will understand the importance of active listening skills and assess facts about others.
	<input type="checkbox"/>	Remind students' significance of a winter count.		
	<input type="checkbox"/>	Show examples of winter count images. Students finish drawing.		Students will complete a Winter Count of Gratitude that describes the positive qualities and events in their lives.
	<input type="checkbox"/>	Share winter counts with one another and display in classroom.		
	<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**