

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 4: Listening: A Lakota Tradition

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 3 - "My Winter Count of Gratitude" and last week value generosity-wacantognaka (wa-can-to-gnaka).	<input type="checkbox"/>	Students will learn the criteria for safe and healthy relationships and how to set clear boundaries. 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 fortitude-wowacintanka (wo-wa-cin-tan-ka).		
3. Read "Dance in the Buffalo Skull"	<input type="checkbox"/>	Read the story "Dance in the Buffalo Skull." Discuss the story with students about the story and ask questions provided in the lesson guide.	<input type="checkbox"/>	Students will describe and understand value of fortitude.
4. Do circle activity "Copy Cat's Game"	<input type="checkbox"/>	Give instructions about the Copy Cat's Game.	<input type="checkbox"/>	The students will know how to use listening skills, express and identify feelings, and identify facts and untruths.
	<input type="checkbox"/>	Discuss what the students have learned from the game.		
	<input type="checkbox"/>	Have students talk about role models.		Students will know how to use listening skills, how to set boundaries, how to improve attending skills through extended practice, and will experience working together to get things done.
	<input type="checkbox"/>	Have each student make a safety plan.		
	<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**