

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 9: O’waki- I Can Do It

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 8 - “The Path Way to Wisdom” and last week value wisdom-woksape (wo-ksa-peh)	<input type="checkbox"/>	Students will be able to name individuals who have wisdom or who are wise. All students will be able to actively participate, and take ownership inside the Medicine Wheel Circle. Increase self esteem.
	<input type="checkbox"/>	Have students form Medicine Wheel Circle and smudge, Talk about circle protocol. Introduce today’s value wisdom- woksape (wo-ksa-peh).		
3. Read, “Story of the Amulet”	<input type="checkbox"/>	Read “Story of the Amulet,” and show an amulet or photos of turtle and lizard amulets. Discuss the story with the students and ask what they story means to them personally.	<input type="checkbox"/>	Students will identify with the amulet of being different, sacredness and respecting oneself and all of creation. How is this connected to wisdom?
4. Do circle activity, “Creating Own Amulet”	<input type="checkbox"/>	Pass out workbooks and handouts.	<input type="checkbox"/>	The students will practice the Lakota value of wisdom and identify the meaning of respect and how to apply it within themselves and in life.
	<input type="checkbox"/>	Students decorate their own turtle or lizard amulet.		
	<input type="checkbox"/>	Review “How Am I Going to Take Care of My Amulet” worksheet	<input type="checkbox"/>	Student will demonstrate the value of respect using practices of politeness and acceptance.
	<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**