

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 10: Lakota Sacred Sites

Date: _____ Grade: 7th 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. Introduction	<input type="checkbox"/>	Students for a circle around the medicine wheel and perform the smudging ceremony.	<input type="checkbox"/>	Students will be able to recall what they have learned from Lesson 9.
	<input type="checkbox"/>	Have the students share why it is important to deal with the stressors in their lives? Have the students share some of the coping skills that are available to them.		
	<input type="checkbox"/>	Have students explain what is a sacred site and why is it sacred to the Lakota people?		Students will be able to explain what a sacred site is and why it is sacred.
2. Research Activity	<input type="checkbox"/>	Divide the students into seven groups. Assign each group a sacred site.	<input type="checkbox"/>	Students will use their technology and research skills to learn about a specific Lakota sacred site.
	<input type="checkbox"/>	Each group is to go to a computer station and obtain information about their assigned sacred site. The information will be recorded in their person journal		
3. Guiding Questions & Feedback	<input type="checkbox"/>	Have each group report on what they have learned about their sacred site. Where is the site located? What is the traditional story about the site? How does this site contribute to understanding a person's Lakota identity and traditions?	<input type="checkbox"/>	Students will learn about each Lakota sacred site, its story and meaning.

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