

## Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

### Lesson 3: What's In a Name?

Date: \_\_\_\_\_ Grade: 7<sup>th</sup> 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
<b>1. Introduction</b>	<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 2
	<input type="checkbox"/>	Have the students share why and how Lakota language used for communication between individuals.		
	<input type="checkbox"/>	Have the students discuss why they have a name and why this is important.	<input type="checkbox"/>	Students will be able explain the purpose of a name and how it helps to identify them as an individuals.
<b>2. Video Presentation</b>	<input type="checkbox"/>	Have the student review the video, Studio C. Then follow up the presentation with a set of questions about the video..	<input type="checkbox"/>	Students will be able to analyze the video and learn why a person's name is important.
<b>3. Lakota Naming Ceremony</b>	<input type="checkbox"/>	Explain the purpose of a naming ceremony and how it contributes to identifying a unique characteristic or personal experience.	<input type="checkbox"/>	Naming ceremonies are designed to recognize a person's unique identity by members of a tiospaye.
<b>4. Guiding Questions</b>	<input type="checkbox"/>	Have students share if they have a Lakota name.	<input type="checkbox"/>	Students will be able to share how their name identifies them and why it is important to respect the name of another person.
	<input type="checkbox"/>	If you could change your name, what would you select? Do you have a nick name?		
	<input type="checkbox"/>	What does this say about you having a name and what does it mean to you?		

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**