

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 3: Making it Through Life – Life Survival Skills

Date: _____ Grade: 8th 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 2
	<input type="checkbox"/>	Have the students share their oyate and language traditions. Where does the student's oyate reside?		
	<input type="checkbox"/>	There are many issues and problems within an oyate. How does an oyate deal with these issues and provide a model of way to behave and live?		Students will be able to understand that each oyate has to deal with deal with various issues and have standards to follow.
2. Video Presentation	<input type="checkbox"/>	Show the video, <i>Values from My Mother</i> . Have students list the values that Ms. Fallis presented in the video. Are there any values missing from the list?	<input type="checkbox"/>	Students will be able to analyze the video and learn why a person's name is important.
3. Group Exercise	<input type="checkbox"/>	Divide the class into groups of three students each. With their journals have the students list four values that are important for everyone today. Give a reason for each value.	<input type="checkbox"/>	Students will list a set of values that important for their daily life and give reasons for selecting those values.
4. Guiding Questions	<input type="checkbox"/>	How do you respond when some asks if you have any values?	<input type="checkbox"/>	Students will be able to explain what values are important to them and explain them to peers and other people.
	<input type="checkbox"/>	How do you practice and make these values real in your daily life?		
	<input type="checkbox"/>	Are you willing to defend these values?		

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