

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 5: Family Relationships

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 4
	<input type="checkbox"/>	Why is it important to deal with the various stressors in your life? What are the consequences if you not deal with the stress or anxieties in your daily life?		
	<input type="checkbox"/>	What does tiospaye mean? How does a person know what expectations and responsibilities they have in a tiospaye?	<input type="checkbox"/>	Students will get a basic understand of a tiospaye and the expectations and boundaries assigned to each member.
2. Tossing the Yarn	<input type="checkbox"/>	Have the students form a circle. A ball of yarn will be tossed to each person in the circle. Ask the students what significance this exercise has. Talk about how the Lakota people have a special word describing a relationship between persons in a tiospaye.	<input type="checkbox"/>	Students will learn that everyone is connect and that relationship has a name or title.
3. Kinship Test	<input type="checkbox"/>	Have the student complete the Kinship Test. Then discuss the responses with the students.	<input type="checkbox"/>	Students will learn that each relationship within a tiospaye has a name, role and expectation.
4. Guiding Questions	<input type="checkbox"/>	Have the students name the central single family using Lakota. (mother, father, brother, daughter, son, etc.)	<input type="checkbox"/>	Students will be able the names of members of the central family and names of some of the extended family members within a tiospaye.
	<input type="checkbox"/>	What constitutes an extended family? Who is included and who is not included?		

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