

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

### Lesson 8: Sacred Rites

Date: \_\_\_\_\_ Grade: 8<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 7.
	<input type="checkbox"/>	Name one group (constellation) of Lakota stars. What is the story behind the constellation name?		
	<input type="checkbox"/>	Why are sacred rites or ceremonies celebrated by the Lakota people? What is the purpose of the ceremonies?		Students will gain an understanding of the meaning and purpose of sacred ceremonies.
<b>2. Video Presentation</b>	<input type="checkbox"/>	Watch the video: <i>White Buffalo Calf Woman</i> . What does the coming a white buffalo calf foretell?	<input type="checkbox"/>	Students will be able to explain the importance of the birth of a White Buffalo?
<b>3. Group Work</b>	<input type="checkbox"/>	Divide the class into small groups. Assigned one of the sacred rites to a group. Have the group research the sacred rite and be prepared to explain the purpose of the sacred rite to the class.	<input type="checkbox"/>	Students will be able to list the seven sacred rites and the purpose for each rite.
<b>4. Guiding Questions</b>	<input type="checkbox"/>	Have the students explain who can participate in each of the ceremonies. Why are some ceremonies kept secret? Do not go into detail about any ceremony.	<input type="checkbox"/>	Students will be able identify who can participate in each ceremony.

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