

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 10: Celebration of Dreams

Date: _____ Grade: 5th 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. Review last lesson 2. Acknowledgement of students and parents	<input type="checkbox"/>	Highlight last lesson "Dreaming for the Future" and last week value Wisdom-Woksape (wo-ksa-pe)	<input type="checkbox"/>	To learn what constitutes good character in a person. All students will be able to actively participate, and take ownership inside the Medicine Wheel Circle. Increase self esteem.
	<input type="checkbox"/>	Acknowledge students and parents. Introduce today's value Wisdom- Woksape (wo-ksa-pe).		
3. Video of Billy Mills	<input type="checkbox"/>	Watch video of Billy Mills and discuss dreams and the importance of setting goals.	<input type="checkbox"/>	Students will understand value of Wisdom.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will identify future goals and the importance of having a dream.
4. Activity, "Celebration of Dreams"	<input type="checkbox"/>	Students show and discuss their posters with families and teachers.	<input type="checkbox"/>	The students will practice the Lakota value of Wisdom sharing their knowledge, skills, attitudes, and beliefs gained from LCH with others.
	<input type="checkbox"/>	Students receive their LCH t-shirt.		
	<input type="checkbox"/>	Students serve elders and family a meal and guests invite to stay for food.	<input type="checkbox"/>	Students will understand how to build community and to identify the people that support them.
	<input type="checkbox"/>	Photograph class as a group wearing t-shirts.		
	<input type="checkbox"/>	Closing: Ask family and community members to complete survey.		

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**