

**Circles of Hope  
Facilitator Fidelity Self-Assessment Form**

**Lesson 3: We are Related**

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Number of Students: \_\_\_\_\_

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. Review last lesson 2. Talking Circle/Smudge</b>	<input type="checkbox"/>	Highlight last lesson “Why Talking Circles” and last week value Generosity-Wacantognaka (wa-can-to-gnaka).	<input type="checkbox"/>	To learn about oneself by showing we are all related. All students will be able to actively participate, and take ownership inside the Medicine Wheel Circle. Increase self esteem.
	<input type="checkbox"/>	Have Students form Medicine Wheel Circle and smudge, Talk about circle protocol. Introduce today’s value Respect-Yuonihan (yu-o-ni-han).		
<b>3. Read “A True Friend”</b>	<input type="checkbox"/>	Read story “A True Friend” process with students about the story, and ask question.	<input type="checkbox"/>	Students will understand value of Respect.
	<input type="checkbox"/>		<input type="checkbox"/>	
<b>4. Distribute handouts best Kola to male students and best Mas’ke to female students.</b>	<input type="checkbox"/>	Give instructions about the handouts.	<input type="checkbox"/>	Students will practice the Lakota value of respect through active listening, learning the qualities of a good friend, and how to be a supportive listeners.
	<input type="checkbox"/>	Process with students about the Kola and Mas’ke.		
	<input type="checkbox"/>	Facilitators will define the Lakota concept of Mitakuye Oyasin (we are all related).	<input type="checkbox"/>	Students will experience working together with class, and latter with their friends- Kola/Mas’ke.
	<input type="checkbox"/>	Have student identify who their kola and Mas’ke are.		
	<input type="checkbox"/>	Closing: Put all materials away.		

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**