

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 4: Don't Believe Everything You Hear

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. Talking Circle/Smudge	<input type="checkbox"/>	Highlight last lesson "We Are All Related" and last week value Respect-Yuonihan (yu-o-ni-han).	<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 Fortitude-wowacintanka (wo-wa-cin-tan-ka)		
3. Show Media Literacy Toolkit	<input type="checkbox"/>	Have students discuss the power of advertising in our everyday lives.	<input type="checkbox"/>	Students will understand value of Respect.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will learn about oneself by showing how we are all related.
4. four different bottle demonstration.	<input type="checkbox"/>	Give instructions about the handouts.	<input type="checkbox"/>	Students will practice the Lakota value of fortitude through active listening, learning the qualities of a good friend, and how to be a supportive listeners.
	<input type="checkbox"/>	Ask students questions about the toolkit.		
	<input type="checkbox"/>	Facilitators explain the power of advertising.	<input type="checkbox"/>	Students will practice fortitude by resisting the myths of advertising.
	<input type="checkbox"/>	Have student identify what advertising targets?		
	<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**