

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 5: The Sharing Shawl/Blanket

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 “Don’t believe everything you hear” and last week value Fortitude-wowacintanka (wo-wa-cin-tan-ka)	<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. Read Iktomi and the Meaning of Truth	<input type="checkbox"/>	Read Story “ Iktomi and The Meaning of Truth” process with students about the story, and ask question.	<input type="checkbox"/>	Students will understand value of Fortitude.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will learn the importance of a good self concept.
4. Sharing Shawl Blanket Activity.	<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 to take a piece of paper and write I Like___ Because he/she is?		
	<input type="checkbox"/>	Facilitators explain the reason for the sharing shawl Blanket Activity.		Students will understand the importance of self concept, learn to refuse or say no to unhealthy relationships, substance use, sexual advances, peer pressure, and provocation.
	<input type="checkbox"/>	Have student share positive thoughts with each other.		
	<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**