

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 9: Dreaming for the Future (Week 2)

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 "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"/>	Have students form Medicine Wheel Circle and smudge, Talk about circle protocol. Introduce today's value Wisdom- Woksape (wo-ksa-pe).		
3. Self-Reflection Questions	<input type="checkbox"/>	Students will spend some quiet time completing the self-reflection questions found in the workbook.	<input type="checkbox"/>	Students completed the self-reflection questions and are able to share their responses with the class.
	<input type="checkbox"/>	Students share some of the responses to the self-reflection questions with explanation if necessary.		
4. Complete Posters	<input type="checkbox"/>	Students posters for the Celebration of Dreams event	<input type="checkbox"/>	Students work individually or as a team to create posters.
5. Review of Next Week's Event	<input type="checkbox"/>	Discussion on what will happened in the Celebration of Dreams event and how everyone will participate.	<input type="checkbox"/>	Questions regarding the Celebration of Dreams event will be answered with everyone knowing what will take place.

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**