

## Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

### Lesson 1: Hocoka Ohomni Wacinyekiyapi

Date: \_\_\_\_\_ Grade Level: 2<sup>nd</sup> 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
<b>1. Review last lesson</b> <b>2. Talking Circle &amp; Smudge</b>	<input type="checkbox"/>	Highlight lesson "Hocoka Ohomni Wacinyekiyapi" and this week value <b>respect- yuonihan</b> (yu-o-ni-han).	<input type="checkbox"/>	Students will be taught that good friends practice values involving fortitude. All students will be able to actively participate, and take ownership inside the Medicine Wheel Circle. Students will learn about trust, and respect.
	<input type="checkbox"/>	Have students form a Medicine Wheel Circle and smudge, Talk about circle protocol. Introduce today's value <b>yuonihan</b> (yu-o-ni-han).		
<b>3. Introduce Myself/Talking Circle protocol</b>	<input type="checkbox"/>	Do Pre-questionnaire on computer.	<input type="checkbox"/>	Students will understand value of Respect.
	<input type="checkbox"/>	Pass out (Lakota Way of Life) Workbooks.	<input type="checkbox"/>	Students will learn that it is safe to talk in the medicine wheel circle.
<b>4. Hocoka Ohomni Wacinyekapi (Gathering into a circle with hope)</b>	<input type="checkbox"/>	Give students talking circle rules	<input type="checkbox"/>	Students will learn the talking circle rules.
	<input type="checkbox"/>	Explain meaning of the circle and why the Lakota people and other people do everything in a circle.		
	<input type="checkbox"/>	Ask students what gathering into a circle with hope means.		Students will be able to understand respect.
	<input type="checkbox"/>	Ask students why everything we do is in a circle.		
	<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**