

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

### Lesson 10: The Boy and the Snake

Date: \_\_\_\_\_ Grade: 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
1. Review last lesson 2. Talking Circle/Smudge	<input type="checkbox"/>	Highlight last lesson "Brave Horses" and last week value <b>bravery – woohitika</b> (wo-o-hi-ti-ka)	<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.
	<input type="checkbox"/>	Have students form a Medicine Wheel Circle and smudge, Talk about circle protocol. Introduce today's value <b>wisdom- woksape</b> (wo-ksa-pe)		
3. Read "The Boy and the Snake"	<input type="checkbox"/>	Read story "The Boy and the Snake." Discuss the story with students about the story and ask questions provided in the lesson guide.	<input type="checkbox"/>	Students will understand value of wisdom.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will identify good skills in decision making and personal safety.
4. Do circle activity, "I like people who.../ Safety Plan"	<input type="checkbox"/>	Pass out workbooks and handouts.	<input type="checkbox"/>	Students will practice the Lakota value of wisdom and will identify good character traits in themselves and others.
	<input type="checkbox"/>	Explain activity and have students run to another square every time another says, "I like people who..."		
	<input type="checkbox"/>	Process with students about "I like people who..." activity and ask questions.		
	<input type="checkbox"/>	Have students complete safety plan.		
	<input type="checkbox"/>	Closing: Put all materials away.		The students will have an understanding of internal and external threats to their personal safety and have a safety plan that includes contact names and places.

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**