

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

**Lesson 10: Incredible Lakota Dreamer**

Date: \_\_\_\_\_ Grade: 3rd 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/Smudge</b>	<input type="checkbox"/>	Highlight last lesson "My Lakota Shield (week2)" and last week value <b>bravery-woohitika</b> (wo-o-hi-ti-ka).	<input type="checkbox"/>	Students will learn about oneself by using symbols to express himself or herself. All students will be able to actively participate, and take ownership inside the Medicine Wheel Circle.
	<input type="checkbox"/>	Have Students form Medicine Wheel Circle and smudge, Talk about circle protocol. Introduce today's value <b>wisdom-woksape</b> (wo-ksa-pe)		
<b>3. Read the story</b> <b>"Grandmother's Dreamcatcher"</b>	<input type="checkbox"/>	Read story the "Grandmother's Dreamcatcher." Process with students the meaning of the story and ask questions as outlined in lesson plan.	<input type="checkbox"/>	Students will learn about the Lakota value of wisdom and how it relates to their personal safety.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will learn about threats to their safety, how to develop a safety plan.
<b>4. Safety plan handout</b> <b>&amp; Dream catcher.</b>	<input type="checkbox"/>	Pass out Workbooks and pencils.	<input type="checkbox"/>	The students will be able to demonstrate the importance of self respect and self worth by using graphic symbols.
	<input type="checkbox"/>	Explain to students the meaning of the safety plan/dream catcher.		
	<input type="checkbox"/>	Explain with each bead color on your dream catcher. Think of what positive influences are in your life.		
	<input type="checkbox"/>	Closing: Put all materials away.		Students will know how to develop a safety plan, have an understanding of internal and external threats to their personal safety, and have a mechanism for dealing with these threats.

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**