

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 8: My Lakota Shield (Week1)

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
1. Review last lesson 2. Talking Circle/Smudge	<input type="checkbox"/>	Highlight last lesson "Sacredness of Each Generation" and last week value wisdom-woksape (wo-ksa-pe).	<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 bravery or courage -woohitika (wo-o-hi-ti-ka).		
3. Story of the Lakota Shield	<input type="checkbox"/>	Read story "Story of the Lakota Shield." Process with students the meaning of the story and ask questions as outlined in lesson plan.	<input type="checkbox"/>	Students will understand value of bravery.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will learn self respect and self worth.
4. Make Lakota Shields	<input type="checkbox"/>	Give instructions about making their shields.	<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 Lakota shields.		
	<input type="checkbox"/>	Explain shields are a form of respect and bravery.		
	<input type="checkbox"/>	Each student will put feathers on that will have student's individual achievements written on them.		
	<input type="checkbox"/>	Closing: Put all materials away.		
				Students will be able to view each others achievements.

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**