

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 1: Hocoka Ohomni Wacinyekiyapi (Gathering into a circle with hope)

Date: _____ Grade: 4th 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. Introduction 2. Talking Circle & Smudge	<input type="checkbox"/>	Introduction of Hocoka Ohomni Wacinyekiyapi (Gathering into a circle with hope).	<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 Medicine Wheel Circle and smudge, Talk about circle protocol. Introduce today's value respect- yuonihan (yu-o-ni-han)).		
3. Introduce Myself Talking Circle protocol	<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 respect and the value of learning about self, relationship to others as defined by the Medicine Wheel, and that it is safe to talk in the circle.
4. Hocoka Ohomni Wacinyekapi (Gathering into a circle with hope)	<input type="checkbox"/>	Give students talking circle rules.	<input type="checkbox"/>	The students will practice the Lakota value of respect within the circle with their peers, listening to each other, and 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 understand the importance of the talking circle, smudging, and the medicine wheel.
	<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**