

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 5: For My Kola/Mas'ke (Friend), I Would...

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. Review last lesson 2. Talking Circle & Smudge	<input type="checkbox"/>	Review Lesson 4 - "My Winter Count of Gratitude" and last week value generosity-wacantognaka (wa-can-to-gnaka)	<input type="checkbox"/>	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 fortitude- wowacintanka (wo-wa-cin-tan-ka).		
3. Read "Adopted by the Eagles"	<input type="checkbox"/>	Read story, "Adopted by the Eagles." Discuss the story with students about the story and ask questions provided in the lesson guide.	<input type="checkbox"/>	Students will explain and understand the value of fortitude.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will identify unhealthy relationships and the meaning of friends.
4. Do circle activity, "For My Kola/Mas'ke, I Would...handout Scenarios for Role Play"	<input type="checkbox"/>	Pass out workbooks and handouts.	<input type="checkbox"/>	The students will show examples of the Lakota value of fortitude and explore how to refuse unhealthy relationships that include substance abuse, peer pressure, etc
	<input type="checkbox"/>	Students complete For My Kola/Mas'ke, I Would...handout and discuss.		
	<input type="checkbox"/>	Volunteers and puppets role play scenarios. Discuss personal experiences regarding relationships		Students will know how to set limits on what they will do for a friend and will know how to make good decisions when dealing with peer pressure.
	<input type="checkbox"/>	Follow up on positive possibilities of healthy relationships.		
	<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**