

Lakota Circles of Hope Facilitator Fidelity Self-Assessment Form

Lesson 7: The Pathway to Wisdom (Week 1)

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 6 - "Creative Ways to Say Hiya (NO)" and last week value wisdom-woksape (wo-ksa-peh)	<input type="checkbox"/>	Students explain how they have been able to say no to bad situations in the past week. 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 wisdom- woksape (wo-ksa-peh).		
3. Watch interview with an elder on DVD	<input type="checkbox"/>	Watch interview of an elder on DVD, process with students and review how to conduct an interview.	<input type="checkbox"/>	Students will be to explain and have an understanding of the value of Wisdom.
	<input type="checkbox"/>		<input type="checkbox"/>	Students will identify social skills talking to others, and learning about our elders and listening to them.
4. Do circle activity, "Interview an Elder"	<input type="checkbox"/>	Pass out workbooks and handouts.	<input type="checkbox"/>	The students will be able to explain the qualities of a good decision or choice.
	<input type="checkbox"/>	Practice with students on how to sit, shake hands, and ask questions using Lakota traditions.		
	<input type="checkbox"/>	Have students ask an elder questions and ask to photograph an elder.		Students will understand the steps to decision-making and problem solving and the importance of setting personal goals.
	<input type="checkbox"/>	Explain to students they will conduct another interview next week. Collect questions.		
	<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**