Lakota Circles of Hope
Facilitator Fidelity Self-Assessment Form

Lesson 1: Introduction to Lakota Circles of Hope

Date:___________________  Grade: 6th    Number of Students: _______ Boys________ Girls_________
Start Time:_______________  End Time:_________  Estimated Time on Task:_______
School:_____________________________          Facilitator/Educator:____________________________

Please check off activities that were completed.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Completed</th>
<th>Facilitator</th>
<th>✓</th>
<th>Youth Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduce self</td>
<td></td>
<td></td>
<td></td>
<td>Highlight lesson Introduction to Lakota Circles of Hope and this lesson’s Lakota values are <strong>waohola</strong> – respect, <strong>waunsila</strong> – compassion, <strong>woksape</strong> – wisdom, <strong>cantewasake</strong> – fortitude, <strong>cantet’inze</strong> – to be brave, courageous, <strong>canteyuke</strong> – generosity</td>
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<tr>
<td>2. Review lesson</td>
<td></td>
<td></td>
<td>✓</td>
<td>Students will learn about self and relationship to others as defined by the medicine wheel. All students will actively participate and take ownership inside the Medicine Wheel Circle. Students will learn about trust and respect along with other values that help to identify who they are.</td>
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<tr>
<td>3 Talking circle/azilya protocol</td>
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<td>Students will learn the medicine wheel and azilya. Students will learn and understand each value in the lesson.</td>
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<tr>
<td>4. Give each student the Waniyetu Wowapi Journal</td>
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<td>Students will learn that it is safe to talk in the medicine wheel circle.</td>
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<td>Students will gain a better understanding of what Lakota Circles of Hope is all about and what is expected from them in the remaining nine weeks.</td>
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</tbody>
</table>
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