



Saskatchewan Organization for Heritage Languages
MINI-LANGUAGE LESSONS PROGRAM
Lesson Summary Form

Please fill one summary form per lesson

Heritage Language Instructor's Name (PRINT CLEARLY): _____

Classroom Teacher's Name: _____

Classroom Teacher's School: _____

Grade: _____ Number of Students: _____

Date of Lesson: _____ Time of Lesson (eg: 10-11am): _____

Lesson Summary: _____

Objectives (state what the students will be able to do by the end of the lesson):

Classroom Teacher's Comments: _____

CLASSROOM TEACHER'S SIGNATURE

HERITAGE LANGUAGE INSTRUCTOR'S

SIGNATURE

Please return completed forms to SOHL no later than March 22nd.

Saskatchewan Organization for Heritage Languages Inc.

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FOR OFFICE USE ONLY

Date Received: _____

Cheque #: _____

Amount: _____