



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

**Please fill one summary form per lesson**

Heritage Language Teacher'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 Plan Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Classroom Teacher's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
CLASSROOM TEACHER'S SIGNATURE  
SIGNATURE

\_\_\_\_\_  
HERITAGE LANGUAGE TEACHER'S  
SIGNATURE

**Please return completed forms to SOHL no later than March 23<sup>rd</sup>.**

**Saskatchewan Organization for Heritage Languages Inc.**

**Po Box 24033, Regina, SK S4P 4J8**

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FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Cheque #: \_\_\_\_\_

Amount: \_\_\_\_\_