



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

Your Name:  Language:

School:

Teacher's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Date and Time of Lesson: \_\_\_\_\_

Lesson Plan Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**Please return completed forms to SOHL no later than *March 25, 2015***

Saskatchewan Organization for Heritage Languages  
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FOR OFFICE USE ONLY

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

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

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