



Saskatchewan Association of International Languages
MINI- LANGUAGE LESSONS PROGRAM
Lesson Summary Form

Please fill one summary form per lesson

Language Instructor's Name (PRINT CLEARLY): _____

Classroom Teacher's Name: _____

Classroom Teacher's School: _____

Grade: _____ **Number of Students:** _____

Date of Lesson: _____ **Time of Lesson (e.g.: 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

LANGUAGE INSTRUCTOR'S SIGNATURE

Please return completed forms to SAIL Office
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