

Name	School	Date:
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LESSON ASSESSMENT # _____

Please complete this form at the end of the lesson and **return** to your Sister School Coordinator – fax number **907-272-3979**.

1. Lesson Number (check one):

- | | |
|---|---|
| <input type="checkbox"/> 1. Me and My Family
<input type="checkbox"/> 2. My School and My Teachers
<input type="checkbox"/> 3. My Community and its Leaders | <input type="checkbox"/> 4. Subsistence/Food: What I Like to Eat
<input type="checkbox"/> 5. Money: How We Make A Living
<input type="checkbox"/> 6. Health Care & Transportation |
|---|---|

2. When was this lesson taught?

- At class during the school day
- An extra-curricular activity during the regular school day
- An extra-curricular activity after school or on a weekend

3. How many students attended: _____?

4. If the lesson included homework, briefly describe the assignment:

5. Did you receive a copy of this COMPLETED lesson from your sister school in a timely manner? If necessary, please comment:

6. If the lesson was changed, briefly describe the changes:

7. Did the lesson address students' perceptions and misconceptions of urban and rural Alaska? No Yes

8. During the lesson, about how much time did you spend on each of the following activities? (Check one box in each row)

	None	under 15 min.	15–30 min	30–45 min	One hour	More than 1 hr
Lecture						
Reading						
Writing/Student work time						
Group Discussion						
Student Presentation						
Other _____						

Total Time _____

tear along perforation

TEAR ALONG PERFORATION AND FAX IN LESSON ASSESSMENT: (907) 272-3979