



New England League
of Middle Schools

N E L M S

460 Boston Street, Suite 4 – Topsfield, MA 01983-1223

Submit an Advisory Lesson or Activity

Your Name(s): _____

School: _____

Email Address: _____

Title of Lesson/Activity: _____

Source (if applicable):

A quote from you or your students about this activity/lesson:

Purpose/Theme: _____

Objective/Goal: _____

How does this activity improve/promote student learning?

Materials needed: _____

Time required: _____

Recommended group size: _____

Space required: _____

Procedure:

Curriculum Connections/Applications (if any):

Cautions or Pitfalls:

Follow-up Suggestions: _____

Other: _____

RESET

SUBMIT