



Name:

Date:

Learning Outcomes:
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<p>Teaching Competencies</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Demonstration</li><li><input type="checkbox"/> Description</li><li><input type="checkbox"/> Experiential</li><li><input type="checkbox"/> Trial and Error</li><li><input type="checkbox"/> Problem Solving</li></ul>	<p>Facility area and Equipment Required</p>	<p>Groupings</p>
<p>Step by Step activity plan</p>	<p>Risk Management Plan</p>	<p>Other Notes</p>