



Lesson Plan Template

Clear Form

Course Name:

Course Level:

Instructor:

Location:

Session Begin Date:

Session End Date:

Length of Classes:

Total Number of Classes:

Day _____

Equipment		Reminders	
Time	Activity	Key Words/Phrases	Class Organization
Housekeeping			
Safety Topic(s)			
Opening Activity			

Time	Activity	Key Words/Phrases	Class Organization
Review Skills			
New Skills			
Game(s)			
Closing			

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Safety Topic(s)			
Opening Activity			

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New Skills			
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