



## Lesson Plan

Topic:		
Lesson No.:	Hours of Instruction:	Course Level:
Scope of Lesson Coverage:		
Specific Objectives: As a result of attending this block of instruction, the student will be able to:		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Instructional Method:		
Training Environment:		
Alternate Training Environment:		
Training aids, training equipment required:		
Material for issue:		
Materials required: <input type="checkbox"/> Computer <input type="checkbox"/> Projector <input type="checkbox"/> Training Aids <input type="checkbox"/> Electrical Outlets for students (Check all that apply) <input type="checkbox"/> Handouts <input type="checkbox"/> Visual Presentation <input type="checkbox"/> Additional Instructors <input type="checkbox"/> Other:		
Instructor Qualifications:		



## Lesson Plan

References:

Criterion Test/Method(s):

Prepared by:

Date prepared:

Supervisory Approval:

Date prepared:

Legal Review by:

Date reviewed:

Updated/Revised by:

Date of revision:

Updated/Revised by:

Date of revision:

Instructor Notes (handwritten):