



NAME	
DATE	
ACTIVITY	

List all the kit, tools or equipment that you will need for your activity and use this checklist to make sure you have everything before you start!

ITEM	Tick	ITEM	Tick
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
USEFUL OR NOT?		USEFUL OR NOT?	
The most useful things were...		In future I would also include...	
•		•	
•		•	
•		•	
•		•	
I don't think I needed...		•	
•		•	
•		•	
•		•	
•		•	





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Who will be involved?	
What do you hope to achieve?	
What resources will you need?	
What will you have to do?	
Anything else you might need to do or remember?	



Sketch your ideas below (optional)

Large empty rectangular area for sketching ideas, outlined in yellow.





NAME	
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This template can be used to plan various types of activity and can be modified to suit your particular needs.

Session title			
Date			
Venue			
Participants	Who?		How many?
Resources needed			
Aim			
Objectives (learning outcomes)	1		
	2		
	3		
	4		
Beginning			
Main section			
Ending (plan carefully)	Opportunity for assessment and feedback		
	Tip: Finish a few minutes early!		





NAME	
SESSION TITLE	

This template can be used to plan various types of activity and can be modified to suit your particular needs.

Date:	Attendance:	Equipment needed:
Venue:		
Time/duration:		
Introduction (aims for this session, revue of previous session/s):		
The difference you hope to achieve /learning outcomes: 1. 2. 3.	Content & timing of main session:	Assessment: activities/questions/challenges:
Ice breakers & warm-up activities:		Participant evaluations & wind-down activities:
Session review (key points of the session, what worked and what did not, what to change for next session, etc.): What actually happened? Your thoughts and feelings about the session? What will you change in future?		Time spent on this session ● Preparation & planning hours ● Delivery hours ● Review hours Total hours spent on this session <input type="text"/>

