|  |  |
| --- | --- |
| **Date:** | **Learn to Orienteer:** **Session # \_\_\_\_\_\_\_**  |
| **Venue:** |
| **Coach/es:****Assistant/s:** | **Skills to learn:** |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activity** | **Notes** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Session Review** |
| **What do I want to keep doing?**What worked well, what aspects of your facilitation were you happy with, etc. |  |
| **What do I want to stop doing?**What didn’t work well, what aspects of your facilitation were you not happy with, etc? |  |
| **What do I want to start doing?**What would you do differently, etc? |  |
| **Incidents to Report**  |
|  |