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

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| **Time** | **Activity** | **Notes** | |
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| **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** | | | |
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