

Teacher's Preliminary Planning Worksheet

School Program - Sargent Center for Outdoor Education, Hancock, NH

Name of School:		Dates of Program:		School's Contact Person:
Contact Person's Telephone #:		Fax #:		E-mail:
Number of: Male Students:	Female Students:	TOTAL:		Number of Groups Requested:
Number of Male Teachers		Female Teachers:		TOTAL:

Goal #1:	Indicators of reaching this goal might be...
Goal #2:	Indicators of reaching this goal might be...
Goal #3:	Indicators of reaching this goal might be...
Goal #4:	Indicators of reaching this goal might be...

<p>Daytime Lesson Blocks: (See Lesson Descriptions)</p> <p>5 day Program = 8 blocks 4 day Program = 6 blocks 3 day Program = 4 blocks</p> <p>Adventure Series includes 3 blocks: Adventure I, Adventure II, and Ropes Course or Climb Tower</p>	<p>Lesson: _____</p> <p>How this lesson links with our School's curriculum:</p> <p>Correlates with Goal(s):</p>	<p>Lesson: _____</p> <p>How this lesson links with our School's curriculum:</p> <p>Correlates with Goal(s):</p>
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Afternoon Lesson Block: 5-Day program – One afternoon students will be with Sargent Center instructors from 3:30-5p.m. Please select an activity:	Lesson:	Teacher Elective: Equipment/Supplies needed:
Evening Lesson Blocks: (See Lesson Descriptions) 5 day Program = 4 blocks (1 is a teacher elective night) 4 day Program = 3 blocks (1 optional teacher elective) 3 day Program = 2 blocks (1 optional teacher elective)		Teacher Elective: Equipment/Supplies needed:
Lesson: _____ How this lesson links with our School's curriculum: Correlates with Goal(s):	Lesson: _____ How this lesson links with our School's curriculum: Correlates with Goal(s):	Lesson: _____ How this lesson links with our School's curriculum: Correlates with Goal(s):

Evaluations: Group _____ Individual _____ None _____

How will you use information you receive from our instructors?

Journal

List specific guidelines for student entries and how students will use them after their stay at Sargent Center. If your students will use Sargent Center Journal pages, please indicate pages you have chosen.

Special Needs Students

Please list students and conditions of which we should be aware including, but not limited to, ADHD, learning disabilities, broken bones, and emotional needs.

T-Shirt Order:

No ___ Yes ___ Name of person submitting order to Sargent Center: