LESSON PLAN

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| Stroke |  | |  | | | |  | | | | |  | Date | | |  | |  | | |  |
|  |  | |  | | | |  |  | | | | |  | | |  | |  | |  |
| Aims and Objectives of Lesson | | | | | | |  |  | | | | |  | | |  | |  | |  |
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| Age Group | | | Group Size | | | | Ability | | | | | | |  | | Facility | |  | |  |
|  |  | |  | | | |  |  | | | | |  | | |  | |  | |  |
| Equipment Required for session | | | | | | |  |  | | | | |  | | |  | |  | |  |
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| Support Staff | | |  | | | |  |  | | | | |  | | |  | |  | |  |
|  |  | |  | | | |  |  | | | | |  | | |  | |  | |  |
| Has facility undergone a risk assessment | | | | | | | | Yes | | | | | No | | |  | |  | |  |
|  |  | |  | | | |  |  | | | | |  | | |  | |  | |  |
| Has the session been approved by your line manager | | | | | | | | | | Yes | | | No | | |  | |  | |  |
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| PHYSICAL | | |  | | |  | |  | | | | |  | | |  | | Time | |  |
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| TECHNICAL PROGRESSIONS | | | | | |  | |  | | | | |  | | |  | | Time | |  |
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| TACTICAL DRILL | | | |  | |  | |  | | | | |  | | |  | | Time | |  |
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| MENTAL GAME | | | |  | |  | |  | | | | |  | | |  | | Time | |  |
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| Lesson Evaluation | |  |  |  |  |  |  |  |
| Progress |  |  |  |  |  |  |  |  | |
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| Suggested changes for this lesson plan in the future | | | | |  |  |  |  | |
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| Comments | |  |  |  |  |  |  |  | |
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