

**DEPARTMENTAL TRAINING OUTLINE
COVER SHEET**

CLASS TITLE:	LESSON PLAN #:	STATUS (New/Revised):

TRAINING DEPARTMENT:	TIME ALLOCATION:

PRIMARY INSTRUCTOR:	ALT. INSTRUCTOR:	LESSON PREPARED BY:

DATE LESSON PLAN PREPARED:

LESSON PLAN PURPOSE:

EVALUATION PROCEDURES:

TRAINING AIDS, SUPPLIES, EQUIPMENT, SPECIAL CLASSROOM/INSTRUCTIONAL REQUIREMENTS:

TRAINING PERFORMANCE OBJECTIVES

CLASS TITLE:

LESSON PLAN #:

STATUS (New/Revised):

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TRAINING DEPARTMENT:

INSTRUCTOR:

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PERFORMANCE OBJECTIVES:

1.

**TRAINING OFFICER
INSTRUCTIONAL OUTLINE**

CLASS TITLE:	LESSON PLAN #:	STATUS (New/Revised):

TRAINING DEPARTMENT:	INSTRUCTOR:

**INSTRUCTIONAL CONTENT
BIBLIOGRAPHY**

CLASS TITLE:	LESSON PLAN #:	STATUS (New/Revised):

TRAINING DEPARTMENT:	INSTRUCTOR:

LESSON PLAN CHECKLIST

Class Title:

Instructor(s):

Proposed Implementation Date:

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Please check off the following as you complete them, if applicable, to ensure your lesson plan is ready for submission:

- Cover sheet.
- Performance Objectives.
- Lesson plan narrative in proper three-step format.
- Bibliography sheet reflecting research sources.
- Paper copies of all handouts, PowerPoint presentations, and overhead transparencies.
- Copies of manuals (if applicable).
- Test Question Submittal/Change/Deletion forms:
 - Correct answers indicated.
 - Indication of performance objective it supports (there must be at least one test question for each performance objective).
 - Pre-test and post-test for all accredited instructional areas.
- Copy of all practical problem scenarios (if applicable).
- Safety rules/regulations (Ranges, PR-24, etc.).
- A class schedule identifying instructor name, title of Unit lesson plans, and instructor contact hours.
- All new, unapproved lesson plans submitted together.
- Checklist attached to front of lesson plan/package.

Signature of Primary Instructor