

COURSE TITLE:

Date of Instruction:

Time allocated:

Instructor(s):

Module being instructed:

Test(s):

MCT

WST

BST

Number of Students:

Classroom setup:

Equipment needed:

Facility / Room contact:

Notes:

Time	Objective WST/BST	Trainer's Script	Materials/Notes

Time	Objective WST/BST	Trainer's Script	Materials/Notes