

## BCU Level 1 Coach Session Planner

Coach:	Supporting Coach:
Date & Time:	Location:
Group Size:	Equipment:
Ability:	Resources????
Age Range:	Duration:
The Location of the Nearest Telephone:	Location of First Aid Kit:
	Name of First Aider:
Group Needs:	Session Goals:
My Support Needs:	Medical Information:
Other Notes:	I have checked the plan is in line with good practice: <input type="checkbox"/> Please tick
I have read the Site Risk Assessment and Local Operating Procedures: <input type="checkbox"/> Please tick	Parental Consent Forms have been collected if appropriate: <input type="checkbox"/> Please tick

**Session content (Introduction, main activity & summary):**

Remember IDEAS and Safe Enjoyable Learning (SEL)!