

# Weekly Planning Sheet

Date \_\_\_\_\_ Theme / Zone \_\_\_\_\_

Focus \_\_\_\_\_

Extra Equipment Needed

Preparation before the night

Extra cleared adults needed \_\_\_\_\_

Time	Activity	Method	Grouping	Lead Person	Equipment	Notes
: __ mins			Individual Groups of ____ Whole Other _____			
: __ mins			Individual Groups of ____ Whole Other _____			
: __ mins			Individual Groups of ____ Whole Other _____			
: __ mins			Individual Groups of ____ Whole Other _____			
: __ mins			Individual Groups of ____ Whole Other _____			
: __ mins			Individual Groups of ____ Whole Other _____			
: __ mins			Individual Groups of ____ Whole Other _____			
: __ mins			Individual Groups of ____ Whole Other _____			

How did it go ?