

TROOP 7 – SCOUT SKILL PLANNING CHECKLIST

WHO: (Patrol)

WHAT: (Scout Skill to be taught)

WHEN: (Date of event)

WHERE: (Location, including specific location in the church).

WHY: (Objective for the class)

HOW: (Detailed concept of the patrol plan for teaching the Scout Skill. Include what patrol members will be teaching the Scout Skill.)

RESOURCES REQUIRED:

SUSPENSE: (No later than date for having plan reviewed by the Instructor – minimum of 2 weeks prior to the event.)

REVIEWED BY: _____ DATE: _____