## **BCU Level 1 Coach Session Planner**

| Coach: | Supporting Coach: |
| --- | --- |
| Date & Time:  Group Size:    Ability:               Age Range: | Location:    Equipment:        Resources:        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: ▢ Please tick |
| I have read the Site Risk Assessment and Local Operating Procedures: ▢ Please tick | Parental Consent Forms have been collected if appropriate: ▢ Please tick |

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

Remember IDEAS and Safe Enjoyable Learning (SEL)!