Session Template

Course Name (Course Number)
Quarter, Year

Session Title:

Session Type*:

Date and Time (including duration, e.g. Monday 12/7/09, 1:00 -2:00 pm):

Presenter’s Name, if applicable:

Session Goal(s):

Overall learning goal(s) sought

Learning Objectives:

Specific knowledge, attitude, skills desired; use behavioral and measurable descriptors

At the end of the session the students will be able to:

1.
2.
3.

Session Summary or Activities:

One-two paragraph summary of the session, or list of activities that will happen in the session

Advance Preparation:

- Readings (required and optional)
- Assignments due at class session
- References to prior lectures or material covered
- Equipment to bring
- Dress code
- Other

Assignment(s):

- Description of assignment(s)
- Due date and method by which the assignment should be submitted
- How and by when the assignment will be evaluated and returned to the student

*Please select session type from the following options:

Clinical Skills Session  Exam  Review Session
Computer Lab  Lab  Seminar/Workshop
Conference/Symposium  Lecture  Standardized Patient (SP) Activity
Demonstration  Patient Interview  Standardized Patient (SP) Assessment
Discussion  Quiz