



# CANOE/KAYAK SESSION PLAN

Session No.		Date	
Group		Time	
Location		Duration	
Objective		Numbers attending	
Ability		Age range	
Equipment Required		Any medical conditions	
Coach		Assisting	
Time	Content		Notes
<b>Evaluation</b>			
What went well?			
What could be improved?			
Changes to be made?			
Witnessed by?			