



Clinic Curriculum Outline

2008

Name of Clinic: _____ Level: I II III (circle)

Clinic Instructor: _____ Date of Clinic: _____ Location: _____

I. **GOALS (OUTCOMES) FOR THE CLINIC**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

II. **MATERIALS NEEDED:** (List: Handouts, books, magazines, computer, projector, PowerPoint, etc)



III. CURRICULUM CONTENT (What will be taught):



IV. PLANNED ACTIVITIES AND SCHEDULE

After the clinic, please make any revisions and turn this form into a member of the Curriculum Committee: Dick Connors, Shirley Connors, Margaret Sheehan, Jim Hume, or Dennis Boyle

