

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	