ACTS Class Outline

Name of Teacher(s):_____

Class:_____	Time(s):_____	Spring/Fall Year: 20_____

For each week provide a one-sentence summary of what you are planning to cover. Turn form into Teacher Coordinator at Mandatory Safety & Training Meeting.

Week 1:_____

Week 2:_____

Week 3:_____

Week 4:_____

Week 5:_____

Week 6:_____

Week 7:_____

Week 8:_____

Week 9:_____

Expo: This is preliminary, follow up contact will be made prior to the end of the semester to confirm

Will this class participate in Expo? ☐ Yes or ☐ No

If yes, will it be a class: ☐ presentation or ☐ display

Please note any special needs for the presentation or display: