# Clinic Curriculum Outline

2009

Name of Clinic: _____

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

## I. YOUR GOALS (OUTCOMES) FOR THE CLINC

1.

2.

3.

4.

5.

6.

7.

8.

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

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## III. CURRICULUM CONTENT (What will be taught):

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## IV. PLANNED ACTIVITIES AND SCHEDULE

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After the clinic, please make any revisions and turn this form with your other papers work, including handouts, evaluations and sign up sheet.