|  |  |  |  |
| --- | --- | --- | --- |
| Training Session No.:  | No. of participants: | Date:  | Total time for session: |
| **Overall Focus Sporting Competences (motor, technical, tactical):**  | **Overall Focus S4D Topic:** |
| **LEARNING OBJECTIVES SPORTING COMPETENCES:** By the end of the session the children/youth must be able to: | **Review:** Objectives achieved after the session?  | **LEARNING OBJECTIVES S4D COMPETENCES:** By the end of the session the children/youth must be able to: | **Review:** Objectives achieved after the session?  |
| 1.  |  | 1.  |  |
| 2.  |  | 2.  |  |
| 3.  |  | 3.  |  |
| Consequences for the next training:  | Consequences for the next training:  |

|  |  |
| --- | --- |
| **I. OPENING TEAM CIRCLE**  | Duration:  |
| Content: * Welcome
* Share important things
* Explanation of training and learning objectives
 | Questions for the children/youth (*EXAMPLES*): * *How are you doing? How was your week?*
* *Does anybody want to share something important?*
 |
| **Review:**  | * *Please reflect what went well/what did not:*
 |
| Positive☺ | Negative ☹ |
| Consequences for the next training:  | Consequences for the next training:  |

|  |  |
| --- | --- |
| **II. WARM UP**  | Duration:  |
| Organization/Equipment  | Activities/exercises: |
|  |  |
| **Review:**  | * *Please reflect what went well/what did not:*
 |
| Positive☺ | Negative ☹ |
| Consequences for the next training:  | Consequences for the next training:  |

|  |  |
| --- | --- |
| **II. MAIN PART:**  | Duration:  |
| Organization/Equipment:  | Activities/exercises: |
|  |  |
| **Review:**  | * *Please reflect what went well/what did not:*
 |
| Positive☺ | Negative ☹ |
| Consequences for the next training:  | Consequences for the next training:  |

|  |  |
| --- | --- |
| **II. CLOSING CIRCLE/REFLECTION:**  | Duration |
| * Reflection of the learning objectives of training session (sporting competences, S4D competences)
* Transfer/Linkage between competences gained through training and daily life
 | Questions for the children/youth (*EXAMPLES*): * *What did you learn through the activity…?*
* *What did you need in exercise…? What was necessary?*
* *Can you highlight a few key points?*
* *What was difficult for you, what was easy? Etc.*
 |
| **Review:**  | * *Please reflect what went well/what did not:*
 |
| Positive☺ | Negative ☹ |
| Consequences for the next training:  | Consequences for the next training:  |