**COURSE PLANNING SHEET**

Please complete and return to edgmond\_hall@sandwell.gov.uk at least **2 weeks prior to your visit.**

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| --- | --- | --- | --- |
| **Group Name** |  | | |
| **Visit Dates:** |  | **Number of students:** |  |
| **Visits leader** |  | | |
| **Contact details for visit leader** |  | | |
| **Supporting staff names** |  | | |

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| Key objectives / aims of the visit:  *What do you want to the children to learn / experience?* |
| How will the course link with students work at school? *(e.g. students prior knowledge / experience, anticipated follow-up after the course, personal and social or curriculum)* |
| Preferred or favoured activities or themed programme: |
| Tell us about the general dynamics and behaviours of your group to help us create a fuller picture? i.e. *individual needs, any students with specific medical, emotional or physical needs* |
| Do you have any students who use a wheelchair or may have access or mobility needs that we need to discuss? YES / NO |
| Other relevant information: |