

**OKLAHOMA DEPARTMENT OF CORRECTIONS
LESSON PLAN COVER SHEET**

COURSE TITLE:

COURSE TYPE:

CATALOG CODE:

CLEET CODE:

CREDIT HOURS:

AUTHORED/REVIEWED/REVISED BY:

DATE:

APPROVED BY:

SIGNATURE: _____ **DATE:** _____

INSTRUCTOR REQUIREMENTS:

TIME FRAMES:

CLASS PARTICIPANTS (Number/Instructor ratio/Target population):

PERFORMANCE OBJECTIVES:

EVALUATION PROCEDURES:

DELIVERY METHODS/TECHNIQUES:

CLASSROOM/EQUIPMENT REQUIREMENTS:

HANDOUT MATERIALS:

OPs REFERENCES/SOURCES*:

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COURSE SUMMARY: