

CPR Trimester 1 • Planning Sheet

NAME: _____ **CLASS:** _____

Planning sheet DUE: _____

CPR Project DUE: _____

PROJECT: _____

Name of partner (if applicable): _____

Phone number of partner (if applicable): _____

CIRCLE PRESENTATION FORMAT:

- | | | |
|--------------------|-------------------------------|---------------|
| -poster | -performance | -website |
| -pamphlet/brochure | -art form | -other: _____ |
| -model | -video/DVD | |
| -food | -Keynote/PowerPoint/Slideshow | |

PLAN OF ACTION: List the steps you will take to complete this project.

1. _____
2. _____
3. _____
4. _____

MOTIVATION: Why did you choose this project?

EQUIPMENT: What equipment or supplies will you need to **present** your project?

Tech Check: Date: _____ (Teacher will check and date after a Tech Check.)

I confirm that I will do this project on my own or with a student partner. I may seek parent or teacher advice as needed.

Student Signature

Date