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**Scooter Skills Challenge**

**Course Delivery Information Form**

Please photocopy/complete additional sheets as required

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| **School (inc. area)** |  |
| **Active Travel Contact at School** |  |
| **Scooter Co-ordinator,** if different to ATC |  |
| **No. children on roll** |  |
| **ESSENTIAL - Number of children scooting** (a simple count of the number of scooters parked at school ) |
| **BEFORE** |  |
| **AFTER** |  |

\* please circle as appropriate

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| --- | --- |
| **Year Group** |  |
| **Training Dates** |  |
| **No. pupils taking part** |  |
| **Lesson Plan used \*** | Basic | Level 1 | Level 2 | Level 3 |
| **Delivery method \*** | PE | Lunch-time | After-school | Holiday |
| Other (please describe) |

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| **Delivery method \*** | PE | Lunch-time | After-school | Holiday |
| Other (please describe) |

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| **Any comments or feedback from parents, children, trainers, etc** |
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**Return to Judith.aris@cumbria.gov.uk**

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