ST. JOSEPH VOCATIONAL TRAINING CENTRE KAMULI

SCHEME OF WORK

NAME OF INSTRUCTOR: …………………………………………………………………………………………………… **CLASS:** …………………………………………

COURSE: ………………………………………………………………………… **YEAR:** ………………………………………..

SUBJECT: ………………………………………………………………………………………… **TERM:** ……………………………………………

TOTAL PERIODS: ………………………………………………………

DURATION				TOPIC	SUB-TOPIC	PURPOSE	COMPETANCES	METHODS	TRAINER ACTIVITY	INSTRUCTION MATERIAL	REFERENCE	EVALUATION	REMARK
MONTH	WEEK	DAY/DATE	HOURS										