



# **SCHOOL OF EDUCATION, ARTS AND SOCIAL SCIENCES**

## SCHEME OF WORK (CBC)

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Name of Student: ..... Reg. No. ....Name of School/Institution: .....

Date: .....Year: ..... Term: ..... Grade Level: ..... Learning Area: .....

General Term Instructional Learning Outcomes:

Week	Strand	Lesson No.	Sub Strand	Specific Lesson Learning Outcomes	Key Inquiry Questions (KIQ)	Learning Experiences	Learning Resources	Assessment	Remarks
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