

# SCHOOL OF EDUCATION, ARTS AND SOCIAL SCIENCES

SCHEME OF WORK (CBC)

Name of Student	:		Reg. No	Name of School/Institution:	
Date:	Year:	Term:	Grade Level:	Learning Area:	
General Term Inst	ructional Learnin	g Outcomes:			
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Week	Strand	Lesson No.	Sub Strand	Specific Lesson Learning Outcomes	Key Inquiry Questions (KIQ)	Learning Experiences	Learning Resources	Assessment	Remarks
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Name of Studen	t:		Reg. No	Name of School/Institution:
Date:	Year:	Term:	Grade Level:	Learning Area:
General Term In	structional Learnin	g 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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