



Nurse Healers—
Professional Associates International
The Official Organization of Therapeutic Touch®

PO Box 419
Craryville, NY 12521
Tel: 518-325-1185
Fax: 509-693-3537
E-mail: nh-pai@therapeutic-touch.org
Website: www.therapeutic-touch.org

GRID FORM

Name: _____

Title of educational activity: _____

If working in Word, you can use the “table” function to add cells on to this pre-made table

OBJECTIVES	CONTENT (TOPICS)	TIME FRAME	PRESENTER	TEACHING STRATEGIES
List the educational objectives for each presenter which define the expected outcomes for the learner	Provide an outline of the content / topic presented and indicate to which objective(s) the content / topic is related	Provide a time frame for content / topic area	List the presenter for each topic or content area	List the teaching strategies used by each presenter for all topic or content areas

Use as template or copy as many as needed