



Type of Technique	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
<b>Date of Practice</b>	_____											
<b>Personal Safety for a Kick</b>	_____											
<b>Personal Safety for a one hand grab</b>												
<b>Personal Safety for a Two- handed grab</b>												
<b>Personal Safety for a Two-handed hair pull</b>												



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<b>Transport Position</b>												
<b>Standing Position (Low, Medium, High)</b>												
<b>Child Control Position</b>												
<b>Team Control Position</b>												



