

**CCY Seminary Verse by Verse Expository Teaching Method: Outline Rubric**

Week One	Week Two	Week Three	Week Four
<b>Heading Format</b> <input type="checkbox"/> Name <input type="checkbox"/> Date <input type="checkbox"/> Title: Outline <input type="checkbox"/> Week Number <input type="checkbox"/> Chapter Title	<b>Heading Format</b> <input type="checkbox"/> Name <input type="checkbox"/> Date <input type="checkbox"/> Title: Outline <input type="checkbox"/> Week Number <input type="checkbox"/> Chapter Title	<b>Heading Format</b> <input type="checkbox"/> Name <input type="checkbox"/> Date <input type="checkbox"/> Title: Outline <input type="checkbox"/> Week Number <input type="checkbox"/> Chapter Title	<b>Heading Format</b> <input type="checkbox"/> Name <input type="checkbox"/> Date <input type="checkbox"/> Title: Outline <input type="checkbox"/> Week Number <input type="checkbox"/> Chapter Title
<b>Outline Format</b> <input type="checkbox"/> One Complete Chapter <input type="checkbox"/> Chapter Title: 16 Point Font <input type="checkbox"/> Sub Headings: 14 Point Font <input type="checkbox"/> Scripture Text: 12 point Font <input type="checkbox"/> All other text/bullet points: 10 Point Font	<b>Outline Format</b> <input type="checkbox"/> One Complete Chapter <input type="checkbox"/> Chapter Title: 16 Point Font <input type="checkbox"/> Sub Headings: 14 Point Font <input type="checkbox"/> Scripture Text: 12 point Font <input type="checkbox"/> All other text/bullet points: 10 Point Font	<b>Outline Format</b> <input type="checkbox"/> One Complete Chapter <input type="checkbox"/> Chapter Title: 16 Point Font <input type="checkbox"/> Sub Headings: 14 Point Font <input type="checkbox"/> Scripture Text: 12 point Font <input type="checkbox"/> All other text/bullet points: 10 Point Font	<b>Outline Format</b> <input type="checkbox"/> One Complete Chapter <input type="checkbox"/> Chapter Title: 16 Point Font <input type="checkbox"/> Sub Headings: 14 Point Font <input type="checkbox"/> Scripture Text: 12 point Font <input type="checkbox"/> All other text/bullet points: 10 Point Font
<b>Outline Content</b> <b>Complete Chapter Sectioned</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Bullet Points Added: Blank</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Bullet Points Completed</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Cross References Added</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Personal Experience Added</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Commentaries Added</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Outline Content</b> <b>Complete Chapter Sectioned</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Bullet Points Added: Blank</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Bullet Points Completed</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Cross References Added</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Personal Experience Added</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Commentaries Added</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Outline Content</b> <b>Complete Chapter Sectioned</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Bullet Points Added: Blank</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Bullet Points Completed</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Cross References Added</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Personal Experience Added</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Commentaries Added</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Outline Content</b> <b>Complete Chapter Sectioned</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Bullet Points Added: Blank</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Bullet Points Completed</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Cross References Added</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Personal Experience Added</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Commentaries Added</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

**Comments:**

Week One:

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Week Two:

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Week Three:

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Week Four: