

Fitness Alberta Group Exercise CERTIFICATION



GROUP CHOREOGRAPHY PRACTICAL EXAMINATION

NAME:			DATE of ASSESSMENT:		
Address:			City:	Prov:	
PCode:		Phone #	Email:		
Class Type &	Level:		Assessment Location:		

Please use the following scale in the observation of the candidate:

0 = doesn't meet standard 1 = meets standard

LEADERSHIP COMPONENT	SCORE	NOTES
1. Introduced self as Fitness Alberta Certified Leader		
2. Arrives at least ten minutes early		
3. Organized and prepared		
4. Class format/level/goals clearly explained, gives a copy of lesson plan to assessor		
5. Flexible to group needs		
6. Faced group as much as possible, eye contact, constant observation		
7. Verbal presentation skills concise, timely, appropriate terminology, clearly heard		
8. Visual presentation skills concise, timely		
9. Motivational, encouraging, welcoming attitude conveyed		
10. Consistent safety precautions		
11. Participant feedback encouraged		
12. Provides constructive feedback		
13. Complex exercises/movements/sequences effectively broken down		
14. Appropriate class/group engagement (i.e., checking in, how are we doing?)		
15. Utilized various teaching techniques (i.e. verbal, visual, demonstration)		
16. Utilized adaptable teaching techniques		
17. Gives permission, options		
18. Evidence based education appropriate to scope of practice provided to participants		
SECTION 1 TOTAL — must score at least 14/18 in this section to pass assessment		

WARM-UP COMPONENT	SCORE	NOTES
1. Intensity/Time/Type appropriate for class type		
2. Participant intensity monitored (Heart Rate, RPE, Talk test)		
3. Active Range of Motion (ROM) for all joints AND major muscle groups		
4. Rehearsal movements, large muscle groups included		
5. Progression/flow of movements appropriate for class type		
6. Progression of intensity appropriate for class type		
7. Postural alignment cues provided		
8. Movement variations/alternatives provided to address levels of participant ability		
9. Safe/appropriate use of equipment described AND demonstrated		
10. Safe/appropriate technique described AND demonstrated		
11. Music tempo, volume and mood appropriate for class type		
SECTION 2 TOTAL — must score at least 9/11 in this section to pass assessment		

CARDIOVASCULAR COMPONENT	SCORE	NOTES
1. Intensity/Time/Type appropriate for class type		
2. Intensity checks appropriate (method, timing)		
3. Progression of movements appropriate for class type		
4. Movements safe, controlled		
5. Postural alignment cues provided		
6. Movement variations/alternatives provided to address levels of participant ability		
7. Music phrasing, tempo, volume and mood appropriate for class		
8. Appropriate variety of movements for class type		
9. Safe/appropriate use of equipment described AND demonstrated		
10. Safe/appropriate technique described AND demonstrated		
11. Appropriate flow of movements given to address varying levels of participant ability		
12. Appropriate cool-down component (Intensity/Time/Type)		
SECTION 3 TOTAL — must score at least 9/12 in this section to pass assessment		

MUSCULAR CONDITIONING COMPONENT	SCORE	NOTES
1. Intensity/time/type appropriate for class and group		
2. Intensity checks appropriate (when, how)		
3. Appropriate resistance training applications applied		
(e.g. FITT, progressive overload, specificity, rest/recovery, cross training)		
4. Postural alignment cues given (neck, back, shoulder, hips, knees, ankles)		
5. Correct anatomical terminology for muscles used		
6. Correct breathing cues provided		
7. Proper use of space and set up		
8. Movement variations/alternatives provided to address levels of participant ability		
9. Safe/appropriate use of equipment described AND demonstrated		
10. Safe/appropriate technique described AND demonstrated		
11. Music phrasing, tempo, volume and mood appropriate for class		
12. Speed of execution appropriate/safe		
13. Balances R/L, agonist/antagonist		
14. Appropriate cool-down component (Intensity/Time/Type)		
SECTION 4 TOTAL — must score at least 11/14 in this section to pass assessment		

FLEXIBILITY/RELAXATION COMPONENT	SCORE	NOTES
1. Stretches address muscles used within class, postural imbalances		
2. Static stretches held for minimum 10 - 30 seconds		
3. Appropriate terminology used for muscles AND body positions		
4. Postural alignment cues provided		
5. Movement variations/alternatives provided to address levels of participant ability		
6. Music tempo, volume and mood appropriate for class		
7. Safe/appropriate use of equipment described AND demonstrated		
8. Safe/appropriate technique described AND demonstrated		
9. Correct breathing cues provided		
SECTION 5 TOTAL — must score at least 7/9 in this section to pass assessment		

STEP SPECIFIC COMPONENT (if applicable)	SCORE	NOTES
1. Safe stepping technique		
2. Balances lead leg		
3. Elements of variation, avoids excessive repetition		
4. Travels in all directions		
SECTION 6 TOTAL — must score at least 3/4 in this section to pass assessment		

Please provide details and final tallies for each Assessment area.

LEADERSHIP SCORE = Details:			
Requires follow-up assessment? (circle one)	YES	NO	
WARM-UP SCORE = Details:		Duration = mins	
Requires follow-up assessment? (circle one)	YES	NO	
CARDIOVASCULAR SCORE = Details:		Duration = mins	
Requires follow-up assessment? (circle one)	YES	NO	
MUSCLE CONDITIONING SCORE = Details:		Duration = mins	
Requires follow-up assessment? (circle one)	YES	NO	

FLEXIBILITY SCORE = Details:		Duration = mins
Requires follow-up assessment? (circle one)	YES	NO
STEP SCORE (if applicable) = Details:		
Requires follow-up assessment? (circle	YES	NO
PRACTICAL MULTIPLE CHOICE EXAM SCORE = Details:	/10	
Requires follow-up assessment? (circle one)	YES	NO
Additional comments		
Goals for the future:		
		y attest that I have performed today with the full intention of ts, and in accordance with Fitness Alberta Performance Standards.
Signature:		Date:
Print name:		
		/Assistant Trainer-educator, do hereby accept and acknowledge that has met the practical exam standards via competency based assessment and /requirement based on this Assessment).
Recommended for certificatio	n	Follow-up Assessment required
Signature:		Date:
Print name:		