



**Fitness Alberta Group Exercise RECERTIFICATION**  
**GROUP CYCLE PRACTICAL ASSESSMENT**



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 Leader:**

1 = needs improvement 2 = good 3 = very good 4 = excellent

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. <i>verbal, visual, demonstration</i> )		
16. Utilized adaptable teaching techniques		
17. Gives permission, options		
18. Evidence based education appropriate to scope of practice provided to participants		
<b>SECTION 1 TOTAL — must score at least 47/72 in this section to pass assessment</b>		

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		
<b>SECTION 2 TOTAL — must score at least 29/44 in this section to pass assessment</b>		

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. Cycle 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 to address varying levels of participant ability		
12. Appropriate amount of recovery between drills		
13. Appropriate cool-down component (Intensity/Time/Type)		
<b>SECTION 3 TOTAL — must score at least 34/52 in this section to pass assessment</b>		

<b>FLEXIBILITY/RELAXATION COMPONENT</b>	<b>SCORE</b>	<b>NOTES</b>
1. Stretches incorporated muscles used within class		
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		
<b>SECTION 4 TOTAL — must score at least 24/36 in this section to pass assessment</b>		

<b>CYCLE SPECIFIC COMPONENT</b>	<b>SCORE</b>	<b>NOTES</b>
1. Appropriate bike set up for all		
2. Variety of drills - standing vs. sitting, aerobic vs. anaerobic, short vs. long		
3. Safe pedal technique described AND demonstrated - appropriate cadence, speed		
4. Hand and body positions properly described AND demonstrated		
5. Previews each drill by describing length, intensity, intention, goal		
<b>SECTION 5 TOTAL — must score at least 13/20 in this section to pass assessment</b>		

**Please provide details and final tallies for each Assessment area.**

**LEADERSHIP SCORE =** \_\_\_\_\_

*Details:* \_\_\_\_\_

Requires follow-up assessment? (circle one)      YES      NO

**WARM-UP SCORE =** \_\_\_\_\_      **Duration =** \_\_\_\_\_ mins

*Details:* \_\_\_\_\_

Requires follow-up assessment? (circle one)      YES      NO

**CARDIOVASCULAR SCORE =** \_\_\_\_\_      **Duration =** \_\_\_\_\_ mins

*Details:* \_\_\_\_\_

Requires follow-up assessment? (circle one)      YES      NO

**FLEXIBILITY SCORE =** \_\_\_\_\_      **Duration =** \_\_\_\_\_ mins

*Details:* \_\_\_\_\_

Requires follow-up assessment? (circle one)      YES      NO

**CYCLE SPECIFIC SCORE =** \_\_\_\_\_

*Details:* \_\_\_\_\_

Requires follow-up assessment? (circle one)      YES      NO

**Additional comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goals for the future: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***By signing this Assessment, I, as the Fitness Alberta Leader, do hereby attest that I have performed today with the full intention of providing a safe and effective exercise session/class to my participants, and in accordance with Fitness Alberta Performance Standards. I accept the feedback as provided herein.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

***By signing this Practical Assessment, I, as the Fitness Alberta Trainer/Assistant Trainer-educator, do hereby accept and acknowledge that Fitness Alberta Leader \_\_\_\_\_ has met the practical exam standards via competency based assessment. (Please check the recommendation/requirement based on this Assessment).***

Recommended for certification       Follow-up Assessment required

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_