

Fitness Alberta Group Exercise RECERTIFICATION



MIND BODY PRACTICAL ASSESSMENT

NAME:		DATE of ASSESSMENT:			
Address:		City:	Pro	ov:	
PCode:	Phone #	Email:			
Class Type & Level:		Assessment Location:			
Please use the following scale in t	he observation of the Lea	ader:			
1 = needs improvement 2 = good	3 = very good 4 = excelle	ent			
LEADERSHIP COMPONENT	-		SCORE	NOTES	
1. Introduced self as Fitness Alber	ta Certified Leader				_
2. Arrives at least ten minutes ear					
3. Organized and prepared	'y				
4. Class format/level/goals clearly	explained gives a conv o	flesson plan to assessor			
5. Flexible to group needs	explained, gives a copy o				
6. Faced group as much as possibl	e eve contact constant o	hearvation			
7. Verbal presentation skills concis					
8. Visual presentation skills concis		minology, clearly neard			
9. Motivational, encouraging, wel					
10. Consistent safety precautions					
11. Participant feedback encourage	ad				
12. Provides constructive feedbac					
13. Complex exercises/movement		roken down			
14. Appropriate class/group enga					
15. Utilized various teaching tech					
16. Utilized adaptable teaching te					
17. Gives permission, options					
18. Asks permission to touch to er	nhance kinesthetic aware	ness			
19. Evidence based education app					
SECTION 1 TOTAL — must score a					
	•	·			
WARM-UP COMPONENT			SCORE	NOTES	
1. Intensity/Time/Type appropriat	e for class type				_
2. Participant intensity monitored	(Heart Rate, RPE, Talk tes	t)			
3. Active Range of Motion (ROM)	for all joints AND major m	uscle groups			
4. Rehearsal movements, large mi	uscle groups included				
5. Progression/flow of movement	s appropriate for class typ	e			
6. Progression of intensity approp	riate for class type				
7. Postural alignment cues provide	ed				
8. Appropriate breathing cues pro	vided				
9. Movement variations/alternativ	ves provided to address le				
10. Safe/appropriate use of equip	ment described AND dem				
11. Safe/appropriate technique de	escribed AND demonstrat				
12. Music tempo, volume and mo	od appropriate for class ty	уре			
SECTION 2 TOTAL — must score a	it least 32/48 in this section	on to pass assessment			
MUSCULAR CONDITIONIN			SCORE	NOTES	
1. Intensity/time/type appropriat	÷ .				
2. Intensity checks appropriate (w					
3. Appropriate Resistance Training applications applied					
(e.g. FITT, progressive overload					
4. Postural alignment cues given					
5. Correct anatomical terminolog					
6. Correct breathing cues provide					
7. Proper use of space and set up					
8. Movement variations/alternati	•				
9. Safe/appropriate use of equipr					
10. Safe/appropriate technique de					
11. Music phrasing, tempo, volum		for class			
12. Speed of execution appropriat	•				
13. Balances R/L, agonist/antagon		20)			
14. Appropriate cool-down comp					_
SECTION 3 TOTAL — must score a	it least 57/50 III this section	ni to pass assessment			

FLEXIBILITY/RELAXATION COMPONENT		NOTES
1. Stretches incorporated muscles used within class		
2. Intensity/time/type appropriate for class type		
3. Speed of execution appropriate/safe		
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		
10. Balances R/L, agonist/antagonist		
SECTION 4 TOTAL — must score at least 26/40 in this section to pass assessment		

Please provide details and final tallies for each Assessment area.

EADERSHIP SCORE =				
Details:				
	YES	NO		
VARM-UP SCORE = Details:		Duration =	mins	
equires follow-up assessment? (circle one)	YES	NO		
AUSCLE CONDITIONING = Details:		Duration =	mins	
equires follow-up assessment? (circle one)	YES	NO		
CLEXIBILITY SCORE =		Duration =	mins	
equires follow-up assessment? (circle one)	YES	NO		
dditional comments <u>.</u>				
oals for the future:				
y signing this Assessment, I, as the Fitness Alberta Le ffective exercise session/class to my participants, an erein.				
Signature:				
Print name:		Date:		
By signing this Practical Assessment, I, as the Fitness Alberta Leader (Please check the recommendation/requirem		has met the practical exa	r, do hereby accept and acknowledge t n standards via competency based asso	
Recommended for certification		Follow-up assessment requ	uired DATE	
Signature:	Print ı	name:		