

Performance Evidence Guidance Form

iUSP145 – Planning health related exercise and physical activity for children

A total of 3 health related exercises and physical activity for children performance evidence to be carried out and results documented

To be completed by the lecturer and verified by the external examiner. Please attach a copy of this sheet to the front of each learner’s completed treatment evidence form.

Learner name: _____

Learner number: _____

Centre name: _____

Date: _____

| | Please tick box: | Yes | No |
|--|------------------|-----|----|
| Completed Physical Activity Readiness Questionnaire (PARQ) <ul style="list-style-type: none"> • Young person’s registration form • Conditions • Parent/guardian declaration | | | |
| Fitness test <ul style="list-style-type: none"> • Cardio-respiratory test including heart rate • Flexibility test • Muscle strength test • Muscle endurance | | | |
| Exercise/activity, including: <ul style="list-style-type: none"> • Health and safety • Reasons for choice • Warm up • Cool down | | | |
| Adaptation of exercise/activity for changing needs of children, including: <ul style="list-style-type: none"> • Change in activity • Reason for choice | | | |
| Child’s feedback | | | |
| Communication skills and appropriate incentives | | | |
| Overall conclusion of the exercise session | | | |

| | | |
|---|--|--|
| Self-reflection at the end of each exercise session | | |
| All performance evidence completed | | |

Please note; each box must be ticked 'Yes' in order to gain a pass grade. If any area is answered 'No' the treatment evidence will be referred until the omitted section is completed.

External examiner name: _____

External examiner signature: _____ Date: _____

Lecturer/assessor name: _____

Lecturer/assessor signature: _____ Date: _____

Learner name: _____

Learner signature: _____ Date: _____

Document History

| Version | Issue Date | Changes | Role |
|---------|------------|-----------------|------------------------------|
| v1 | 27/09/2019 | First published | Qualifications Administrator |
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