



Performance Evidence Guidance Form

iUSP175 – Instructing strength and conditioning sessions

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			
Appropriate equipment and surfaces selected for the class <ul style="list-style-type: none">• Candidates fitness screened• Lesson plan completed• Equipment checked and rehearsed			
Exercise Warm up <ul style="list-style-type: none">• Pulse raising• Dynamic stretching Functional training schemes adopted <ul style="list-style-type: none">• Warm up selected• Main workout• Cool down Muscular conditioning, hypertrophy, power Key lifts completed Appropriate exercises for the class Appropriate progressions/adaptations			
Teaching points			
Client feedback			
Overall conclusion of the case			
Self-reflection at the end of each session			
Performances 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
v1.0	27/09/2019	First published	Qualifications administrator