

Performance Evidence Guidance Form

iUSP171 – Planning a suspension training session

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)			
Appropriate environment selection <ul style="list-style-type: none"> • Floor space • Safety of anchor points/straps • Understanding safety and client's goals 			
Exercise <ul style="list-style-type: none"> • Warm up <ul style="list-style-type: none"> - Pulse raising - Functional stretching • Main workout using suspension straps <ul style="list-style-type: none"> - Pulse raiser - Maintenance/functional suspension training - Cool down • Muscular conditioning <ul style="list-style-type: none"> - Flexibility and core training - Appropriate exercises for the class - Appropriate progressions 			
Teaching points			
Client feedback			
Overall conclusion of the case			
Self-reflection at the end of each session			

Performance complete		
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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