

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 | | |
|----------------------|--|--|

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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