

# Programme Assessment Form

## iUSP154 – Programming personal training with clients

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 programme guidance form.

**Learner name:** \_\_\_\_\_

**Learner number:** \_\_\_\_\_

**Centre name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

	Please tick box:	Pass	Refer
Lesson plan, including: <ul style="list-style-type: none"> <li>• Aims and objectives of session</li> <li>• Cardiovascular machines used</li> <li>• Cardiovascular approaches to training</li> <li>• Resistance machines and free weights used</li> <li>• Resistance approaches to training</li> <li>• Core stability exercises</li> <li>• Plan of progression</li> <li>• Teaching points</li> <li>• Evaluation of plan</li> </ul>			
Consultation			
Personal details, including: <ul style="list-style-type: none"> <li>• Contra-indications</li> <li>• Written permission</li> </ul>			
Consultation form for nutrition, including: <ul style="list-style-type: none"> <li>• Full diet plan</li> <li>• Feedback of weight management over a four week period</li> <li>• Week 1</li> <li>• Week 2</li> <li>• Week 3</li> <li>• Week 4</li> <li>• Overall conclusion including recommendations for future weight management and reflective practice</li> </ul>			
Personal exercise history questionnaire, including: <ul style="list-style-type: none"> <li>• How the client feels about exercise</li> <li>• How often the client can attend</li> </ul>			

<ul style="list-style-type: none"> <li>• When is the most convenient time to attend</li> <li>• What type of exercise the client prefers</li> <li>• Goals and expectations</li> </ul>		
Fitness Test		
Detailed exercise recommendations: <ul style="list-style-type: none"> <li>• Rationale for choice of exercises</li> <li>• Rationale for place of exercising</li> <li>• Alternative exercises recommended</li> <li>• Progressions expected and achieved</li> </ul>		
Overall conclusion and reflective practice of the case study		

**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: \_\_\_\_\_

Internal Verifier name: \_\_\_\_\_

Internal Verifier signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Document History

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