

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

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