

# Performance Evidence Guidance Form

iUSP168 – Planning water-based exercise

**A total of 3 group water-based exercise performance evidence to be carried out and results documented**

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 performance evidence work.

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

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

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

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

	Please tick box:	Yes	No
Completed Physical Activity Readiness Questionnaire (PARQ)			
Appropriate music selected for the class <ul style="list-style-type: none"> <li>Continuous play</li> <li>Verse/chorus</li> <li>32 count phrase</li> </ul>			
Exercise <p>Warm up</p> <ul style="list-style-type: none"> <li>Pulse raising</li> <li>Dynamic stretching</li> </ul> <p>Main cardiovascular workout using the aerobic curve</p> <ul style="list-style-type: none"> <li>Pulse raiser</li> <li>Main workout</li> <li>Build down</li> </ul> <p>Muscular conditioning</p> <ul style="list-style-type: none"> <li>Cool down/flexibility</li> <li>Appropriate exercises for the class</li> <li>Appropriate progressions</li> </ul>			
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	27/09/2019	First published	Qualification Administrator