

Assignment Assessment Form

iUSP164 – Delivering personal training sessions

Name of Learner: _____

This assessment sheet must be completed in full for each learner by the Internal Assessor

- **Conducting the assessment** – The evaluation should be based on the criteria detailed below. The assessor should base their evaluation entirely on the learner's performance during the assessment exercise; they should remain objective and should not coach or distract the learner during the assessment. Please indicate with a ✓ criteria that are completed successfully, indicating with an × criteria that have not been completed successfully.
- **Once all boxes have been ticked the assessor must place a ✓ in the pass box indicating that the task is complete.**

Criteria	Assessment						Assessor's comments
	1st Date		2nd Date		3rd Date		
	Completed	Not Completed	Completed	Not Completed	Completed	Not Completed	
Appearance - the learner demonstrated:							
Clean, neat and appropriate work wear with minimal jewellery							

Criteria	Assessment						Assessor's comments
	1st Date		2nd Date		3rd Date		
	Completed	Not Completed	Completed	Not Completed	Completed	Not Completed	
Appropriate comfortable and clean footwear							
Hair clean, neat and tied back/up if long							
No body or breath odour							
No chewing gum or sucking sweets							
Client care – the learner:							
Greeted and introduced self to client							
Assisted client where appropriate							
Displayed positive body language							
Respected client's needs throughout							
Checked clients' comfort throughout							
Professional conduct – the learner:							
Had a clean and neat appearance							
Checked participants were wearing the correct clothing							

Criteria	Assessment						Assessor's comments
	1st Date		2nd Date		3rd Date		
	Completed	Not Completed	Completed	Not Completed	Completed	Not Completed	
Demonstrated knowledge of health & safety regulations							
Checked equipment was clean and in good working order prior to and after the session							
Checked equipment was stowed away correctly at the end of the session							
Postural analysis – the learner:							
Completed a postural analysis of the client's head and shoulders							
Completed a postural analysis of the client's back and spine							
Completed a postural analysis of the client's hips, knees and feet							
Completed a postural analysis from the front, side and back of the client							
Personal training – the learner:							
Demonstrated a variety of teaching techniques							
Motivated the client throughout the session							
Explained to the client the effects of exercise on the cardiorespiratory system							

Criteria	Assessment						Assessor's comments
	1st Date		2nd Date		3rd Date		
	Completed	Not Completed	Completed	Not Completed	Completed	Not Completed	
Demonstrated and guided the client through a warm up routine							
Demonstrated at least four resistance approaches to training:							
1. Pyramid systems							
2. Super-setting							
3. Giant sets							
4. Tri sets							
5. Forced repetitions							
6. Pre/post exhaust							
7. Negative/eccentric training							
Demonstrated and guided the client through strength exercises							
Demonstrated and guided the client through endurance exercises							
Demonstrated and guided the client through the use of resistance machines							

Criteria	Assessment						Assessor's comments
	1st Date		2nd Date		3rd Date		
	Completed	Not Completed	Completed	Not Completed	Completed	Not Completed	
Demonstrated and guided the client through the use of free weights, to include barbells, dumbbells and cables							
Demonstrated correct lifting and passing techniques:							
1. Dead lifting							
2. Spotting							
Demonstrated and guided the client through core stability exercises							
Demonstrated at least two cardiovascular approaches to training:							
1. Interval							
2. Fartlek							
3. Continuous							
Demonstrated and guided the client through rehabilitation exercises							
Demonstrated and guided the client through sports specific exercises							
Demonstrated and guided the client through specific stretches							
Demonstrated and guided the client through a cool down routine							

Criteria	Assessment						Assessor’s comments
	1st Date		2nd Date		3rd Date		
	Completed	Not Completed	Completed	Not Completed	Completed	Not Completed	
Timing and a high level of safety were demonstrated throughout							
Home care – the learner:							
Advised the client on following a healthy diet							
Advised the client on rest and recovery							
Advised the client on other types of exercise they could be doing							
Advised the client on how often they should exercise							
Programme overall – the learner:							
Discussed with client prior to the session his/her preferences to type of exercise							
Completed consultation and discussed programme with client							
Discussed likes and dislikes of programme with client at the end of the session							
Altered the programme where necessary according to the client’s wishes and appropriateness of the programme							
Showed alternative exercises where necessary							

Criteria	Assessment						Assessor's comments		
	1st Date		2nd Date		3rd Date				
	Completed	Not Completed	Completed	Not Completed	Completed	Not Completed			
Showed progression									
Discussed with client the need for appropriate work wear									
Discussed with client the importance of drinking water throughout									
Discussed with client the importance of health and safety within the exercise environment									
Environment specifically designed for exercise									
Environment not designed specifically for exercises (home or outdoors)									
Concluded the programme correctly									
Oral questions (2 oral questions to be asked per assessment):									
Question 1 answered correctly									
Question 2 answered correctly									
							Task Completed	Pass	

Learner name: _____

Learner signature: _____ **Date:** _____

Lecturer/Assessor name: _____

Lecturer/Assessor signature: _____ **Date:** _____

Internal Quality Assured by Name: _____

Internal Quality Assured by Signature: _____ **Date:** _____

External Quality Assured by Name: _____

External Quality Assured by Signature: _____ **Date:** _____
(if sampled)

Document History

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