

Treatment Evidence Guidance Form

iUSP162 – Instructing Strength and Conditioning Sessions

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			
Appropriate equipment and surfaces selected for the class Candidates fitness screened Lesson plan completed Equipment checked and rehearsed			
Exercise Warm up <ul style="list-style-type: none"> Pulse raising Dynamic stretching Functional Training Schemes adopted <ul style="list-style-type: none"> Warm up selected Main workout Cool down Muscular Conditioning, hypertrophy, power Key lifts completed Appropriate exercises for the class Appropriate progressions / adaptations			
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 name signature: _____ Date: _____

Learner name: _____

Learner signature: _____ Date: _____

Document History

Version	Issue Date	Changes	Role
v1	30/09/2019	First published	Qualification Administrator