

# AFLCA GROUP EXERCISE CERTIFICATION PRACTICAL ASSESSMENT FORM



## CYCLE DESIGNATION

Name: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Class Type and Level: \_\_\_\_\_

**Format:**    Live Streamed                      Pre Recorded Video                      In person

Please use the following scale in the observation of the Leader:

0= unacceptable              1= needs improvement              2= good              3= excellent

| SECTION 1: CLASS COMPONENTS/CONTENT                                  | Score | Comments |
|--|-------|----------|
| Warm Up  |       |          |
| 1. Intensity appropriate for class type and component                |       |          |
| 2. Active ROM of joints/major muscle groups                          |       |          |
| 3. Rehearsal movements, large muscle groups included                 |       |          |
| 4. Flow of movements is smooth                                       |       |          |
| 5. Cycle postural alignment described                                |       |          |
| 6. Safe pedal technique described and demonstrated                   |       |          |
| 7. Bike set-up done properly for all                                 |       |          |
| 8. Progression gradual (standing work last)                          |       |          |
| 9. Describes hand and body positions                                 |       |          |
| 10. Music tempo, volume and mood appropriate                         |       |          |
| 11. Length appropriate for group and class                           |       |          |
| 12. Safety (including speed/cadence) precautions given               |       |          |
| TOTAL — must score at least 24/36 in this section to pass assessment |       |          |

|   |  |  |
|---|--|--|
| Cardiovascular Component  |  |  |
| 1. Intensity appropriate for class type, component  |  |  |
| 2. Speed of execution appropriate/safe  |  |  |
| 3. Movements safe, controlled   |  |  |
| 4. Speed (cadence) within North American standards  |  |  |
| 5. Variety of drills- standing vs. sitting, aerobic vs. anaerobic, short vs. long, group vs. individual |  |  |
| 6. Smooth flow and progression  |  |  |
| 7. Postural alignment cues given  |  |  |
| 8. Intensity checks appropriate   |  |  |
| 9. Alternatives/options given   |  |  |
| 10. Allows for appropriate recovery between drills  |  |  |
| 11. Follows latest guidelines for drills, body positions  |  |  |
| 12. Music tempo, volume and mood appropriate  |  |  |
| 13. Previews each drill by describing length, intensity, intention, goal                                |  |  |
| 14. CV cooldown- appropriate length, intensity  |  |  |
| 15. CV cooldown- at end, upper body stretches only on bike  |  |  |
| TOTAL — must score at least 30/45 in this section to pass assessment                                    |  |  |

| Muscle Conditioning  |  |  |
|--|--|--|
| 1. Intensity appropriate for class type, component                   |  |  |
| 2. Speed of execution appropriate/safe                               |  |  |
| 3. Balance between agonist/antagonist, right/left                    |  |  |
| 4. Movements safe, controlled  |  |  |
| 5. Number of reps appropriate for goals                              |  |  |
| 6. Postural alignment cues given                                     |  |  |
| 7. Alternatives/options given  |  |  |
| 8. Demonstrates and describes correct technique                      |  |  |
| 9. Avoids high risk exercises  |  |  |
| 10. Breathing reminders  |  |  |
| 11. Proper use of equipment and set-up                               |  |  |
| 12. Uses appropriate terminology, muscle names                       |  |  |
| TOTAL — must score at least 24/36 in this section to pass assessment |  |  |

| Flexibility/Relaxation  |  |  |
|---|--|--|
| 1. Flexibility/Relaxation   |  |  |
| 2. Upper body stretches- appropriate and safe                             |  |  |
| 3. Lower body stretches- appropriate and safe (none while seated on bike) |  |  |
| 4. Stretches held for minimum of 10 seconds                               |  |  |
| 5. Alignment cues utilized  |  |  |
| 6. Alternatives/options given   |  |  |
| 7. Music tempo, volume and mood appropriate                               |  |  |
| 8. Uses appropriate terminology, muscle names                             |  |  |
| 9. Relaxation segment included  |  |  |
| TOTAL — must score at least 18/27 in this section to pass assessment      |  |  |

| Leadership   |  |  |
|--|--|--|
| 1. Arrives at least 10 minutes early                                   |  |  |
| 2. Introduces self as AFLCA certified, explains class format and goals |  |  |
| 3. Faces group as much as possible                                     |  |  |
| 4. Verbal cueing is concise, appropriate terminology, timely           |  |  |
| 5. Visual cueing is precise, clear, timely, appropriate                |  |  |
| 6. Effectively breaks down complicated movements                       |  |  |
| 7. Effectively introduces new activities/exercises                     |  |  |
| 8. Safety precautions given  |  |  |
| 9. Correct alignment demonstrated                                      |  |  |
| 10. Uses various teaching techniques                                   |  |  |
| 11. Interacts with class   |  |  |
| 12. Gives permission, options  |  |  |

| Personal  |  |  |
|---|--|--|
| 1. Confident, in control of class   |  |  |
| 2. Voice- clearly heard, concise, varies tone                             |  |  |
| 3. Organized and prepared   |  |  |
| 4. Observes class at all times, eye contact, provides corrective feedback |  |  |
| 5. Flexible to group needs  |  |  |
| 6. Encouraging and motivating   |  |  |
| 7. Positive attitude  |  |  |
| 8. Encourages feedback  |  |  |
| TOTAL — must score at least 40/60 in this section to pass assessment      |  |  |

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goals for the Future: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AFLCA Trainer Name: \_\_\_\_\_

(please print)

Trainer Signature: \_\_\_\_\_

(Non-AFLCA trainers must contact the AFLCA for approval to assess leader for certification)

AFLCA Trainer ID# or Qualification \_\_\_\_\_

☐ Recommend for certification/recertification

☐ Second observation required