

AFLCA FITNESS FOR THE OLDER ADULT CERTIFICATION PRACTICAL ASSESSMENT FORM



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 all joints/major muscle groups		
3. Rehearsal movements, large muscle groups included		
4. Flow of movements is smooth		
5. Postural alignment cues given		
6. Safe technique described and demonstrated		
7. Proper use of equipment and set-up		
8. Progression is gradual		
9. Music phrasing used effectively		
10. Length appropriate for group and class		
11. Safety precautions given		
TOTAL — must score at least 22/33 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. Lower body- variety, balance, safe		
5. Upper body- variety, balance, safe		
6. Smooth flow and progression		
7. Postural alignment cues given		
8. Intensity checks appropriate		
9. Alternatives/options given		
10. Proper use of equipment		
11. Music phrasing used effectively		
12. Music tempo, volume and mood appropriate		
13. CV cooldown- appropriate length, intensity		
14. CV cooldown- at end, includes standing stretches		
TOTAL — must score at least 28/42 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 and sets appropriate for goals		
6. Postural alignment cues given		
7. Alternatives/options given		
8. Demonstrates and describes correct technique		
9. Avoids high risk exercises		
10. Proper use of equipment and set-up		
11. Breathing reminders		
12. Uses appropriate terminology, muscle names		
13. Appropriate length—consideration for type of class		
TOTAL — must score at least 26/39 in this section to pass assessment		

Flexibility/Relaxation		
1. Upper body stretches- appropriate and safe		
2. Lower body stretches- appropriate and safe		
3. Stretches held for minimum of 8-30 seconds		
4. Range of motion—major joints and muscle groups stretched		
5. Alignment cues properly utilized / conveyed		
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 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		
13. Monitors intensity		
14. Suggests, demonstrates and provides modification		
15. Excessive repetition and ballistic exercises are avoided		

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 46/69 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