

# AFLCA GROUP EXERCISE CERTIFICATION PRACTICAL ASSESSMENT FORM

## PORTABLE EQUIPMENT 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 |
|-----------------------------------------------------------------------------|-------|----------|
| <b>Warm Up</b>                                                              |       |          |
| 1. Intensity appropriate for class type and component                       |       |          |
| 2. Active ROM of all joints/major muscle groups                             |       |          |
| 3. Rehearsal movements, based on equipment used/goals/class structure       |       |          |
| 4. Flow of movements is smooth                                              |       |          |
| 5. Postural alignment cues given                                            |       |          |
| 6. Safe use of equipment/technique described and demonstrated               |       |          |
| 7. Proper set-up of equipment                                               |       |          |
| 8. Progression is gradual                                                   |       |          |
| 9. Music phrasing used effectively                                          |       |          |
| 10. Music tempo, volume and mood appropriate                                |       |          |
| 11. Length appropriate for group and class                                  |       |          |
| 12. Safety precautions given                                                |       |          |
| <b>TOTAL — must score at least 24/36 in this section to pass assessment</b> |       |          |
| <b>Cardiovascular Component (if applicable)</b>                             |       |          |
| 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. Avoids high risk exercises                                              |       |          |
| 14. CV cooldown- appropriate length, intensity                              |       |          |
| 15. CV cooldown- at end, includes standing stretches                        |       |          |
| <b>TOTAL — must score at least 30/45 in this section to pass assessment</b> |       |          |

| 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. Upper body stretches- appropriate and safe                        |  |  |
| 2. Lower body stretches- appropriate and safe                        |  |  |
| 3. Stretches held for minimum of 10 seconds                          |  |  |
| 4. Alignment cues utilized                                           |  |  |
| 5. Alternatives/options given                                        |  |  |
| 6. Music tempo, volume and mood appropriate                          |  |  |
| 7. Uses appropriate terminology, muscle names                        |  |  |
| 8. Relaxation segment included                                       |  |  |
| TOTAL — must score at least 16/24 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