



Fitness Alberta Group Exercise CERTIFICATION
MIND BODY PRACTICAL EXAMINATION



NAME: _____ DATE OF ASSESSMENT: _____
Address: _____ City: _____ Prov: _____
PCode: _____ Phone # _____ Email: _____
Class Type & Level: _____ Assessment Location: _____

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

0 = doesn't meet standard 1 = meets standard

LEADERSHIP COMPONENT	SCORE	NOTES
1. Introduced self as Fitness Alberta Certified Leader		
2. Arrives at least ten minutes early		
3. Organized and prepared		
4. Class format/level/goals clearly explained, gives a copy of lesson plan to assessor		
5. Flexible to group needs		
6. Faced group as much as possible, eye contact, constant observation		
7. Verbal presentation skills concise, timely, appropriate terminology, clearly heard		
8. Visual presentation skills concise, timely		
9. Motivational, encouraging, welcoming attitude conveyed		
10. Consistent safety precautions		
11. Participant feedback encouraged		
12. Provides constructive feedback		
13. Complex exercises/movements/sequences effectively broken down		
14. Appropriate class/group engagement (i.e., checking in, how are we doing?)		
15. Utilized various teaching techniques (i.e. <i>verbal, visual, demonstration</i>)		
16. Utilized adaptable teaching techniques		
17. Gives permission, options		
18. Asks permission to touch to enhance kinesthetic awareness		
19. Evidence based education appropriate to scope of practice provided to participants		
SECTION 1 TOTAL — must score at least 15/19 in this section to pass assessment		

WARM-UP COMPONENT	SCORE	NOTES
1. Intensity/Time/Type appropriate for class type		
2. Participant intensity monitored (Heart Rate, RPE, Talk test)		
3. Active Range of Motion (ROM) for all joints AND major muscle groups		
4. Rehearsal movements, large muscle groups included		
5. Progression/flow of movements appropriate for class type		
6. Progression of intensity appropriate for class type		
7. Postural alignment cues provided		
8. Appropriate breathing cues provided		
9. Movement variations/alternatives provided to address levels of participant ability		
10. Safe/appropriate use of equipment described AND demonstrated		
11. Safe/appropriate technique described AND demonstrated		
12. Music tempo, volume and mood appropriate for class type		
SECTION 2 TOTAL — must score at least 10/12 in this section to pass assessment		

CARDIOVASCULAR COMPONENT (<i>if not demonstrated, discussed</i>)	SCORE	NOTES
1. Intensity/Time/Type appropriate for class type		
2. Intensity checks appropriate (method, timing)		
3. Progression of movements appropriate for class type		
4. Movements safe, controlled		
5. Postural alignment cues provided		
6. Movement variations/alternatives provided to address levels of participant ability		
7. Music phrasing, tempo, volume and mood appropriate for class		
8. Appropriate variety of movements for class type		
9. Safe/appropriate use of equipment described AND demonstrated		
10. Safe/appropriate technique described AND demonstrated		
11. Appropriate flow of movements given to address varying levels of participant ability		
12. Appropriate cool-down component (Intensity/Time/Type)		
SECTION 3 TOTAL — must score at least 9/12 in this section to pass assessment		

MUSCULAR CONDITIONING COMPONENT	SCORE	NOTES
1. Intensity/time/type appropriate for class and group		
2. Intensity checks appropriate (when, how)		
3. Appropriate resistance training applications applied (e.g. FITT, progressive overload, specificity, rest/recovery, cross training)		
4. Postural alignment cues given (neck, back, shoulder, hips, knees, ankles)		
5. Correct anatomical terminology for muscles used		
6. Correct breathing cues provided		
7. Proper use of space and set up		
8. Movement variations/alternatives provided to address levels of participant ability		
9. Safe/appropriate use of equipment described AND demonstrated		
10. Safe/appropriate technique described AND demonstrated		
11. Music phrasing, tempo, volume and mood appropriate for class		
12. Speed of execution appropriate/safe		
13. Balances R/L, agonist/antagonist		
14. Appropriate cool-down component (Intensity/Time/Type)		
SECTION 4 TOTAL — must score at least 11/14 in this section to pass assessment		

FLEXIBILITY/RELAXATION COMPONENT	SCORE	NOTES
1. Stretches address muscles used within class, postural imbalances		
2. Intensity/time/type appropriate for class type		
3. Speed of execution appropriate/safe		
4. Appropriate terminology used for muscles AND body positions		
5. Postural alignment cues provided		
6. Movement variations/alternatives provided to address levels of participant ability		
7. Music tempo, volume and mood appropriate for class		
8. Safe/appropriate use of equipment described AND demonstrated		
9. Safe/appropriate technique described AND demonstrated		
10. Correct breathing cues provided		
11. Balances R/L, agonist/antagonist		
SECTION 5 TOTAL — must score at least 9/11 in this section to pass assessment		

Please provide details and final tallies for each Assessment area.

LEADERSHIP SCORE = _____		
Details: _____		
Requires follow-up assessment? (circle one)		
YES	NO	
WARM-UP SCORE = _____		
Duration = _____ mins		
Details: _____		
Requires follow-up assessment? (circle one)		
YES	NO	
CARDIOVASCULAR SCORE (if not demonstrated, discussed) = _____		
Duration = _____ mins		
Details: _____		
Requires follow-up assessment? (circle one)		
YES	NO	
MUSCLE CONDITIONING = _____		
Duration = _____ mins		
Details: _____		
Requires follow-up assessment? (circle one)		
YES	NO	
FLEXIBILITY SCORE = _____		
Duration = _____ mins		
Details: _____		
Requires follow-up assessment? (circle one)		
YES	NO	

PRACTICAL MULTIPLE CHOICE EXAM SCORE = _____ /10

Details:

Requires follow-up assessment? (circle one)

YES

NO

Additional comments:

Goals for the future:

By signing this Assessment, I, as the Fitness Alberta Leader, do hereby attest that I have performed today with the full intention of providing a safe and effective exercise session/class to my participants, and in accordance with Fitness Alberta Performance Standards. I accept the feedback as provided herein.

Signature: _____

Date: _____

Print name: _____

By signing this Practical Assessment, I, as the Fitness Alberta Trainer/Assistant Trainer-educator, do hereby accept and acknowledge that Fitness Alberta Leader _____ has met the practical exam standards via competency based assessment and verbal practical exam presented. (Please check the recommendation/requirement based on this Assessment).

☐ Recommended for certification

☐ Follow-up Assessment required

Signature: _____

Date: _____

Print name: _____