

AFLCA GROUP EXERCISE CERTIFICATION PRACTICAL ASSESSMENT FORM



CYCLING DESIGNATION

Name: _____ Assessment Date: _____

Address: _____ Postal Code: _____

Phone #: (_____) _____ E-mail: _____

Class Type and Level: _____

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. Cycling 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