

# AFLCA GROUP EXERCISE CERTIFICATION PRACTICAL ASSESSMENT FORM

## PORTABLE EQUIPMENT 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
<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		
<b>TOTAL — must score at least 24/36 in this section to pass assessment</b>		

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		
<b>TOTAL — must score at least 16/24 in this section to pass assessment</b>		

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		
<b>TOTAL — must score at least 40/60 in this section to pass assessment</b>		

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

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\_\_\_\_\_

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