

# GROUP EXERCISE LEADER DESIGNATION COURSE

## Self Assessment Form



Name of Participant (print name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

E-mail: \_\_\_\_\_

Designation Taken (Please Check One)

- Choreography    Cycling    Portable Equipment    Step    Mind/Body

Date of Course: \_\_\_\_\_ AFLCA Course #: \_\_\_\_\_

Agency: \_\_\_\_\_

AFLCA Trainer/Course Facilitator (print name): \_\_\_\_\_

**Please ensure that this form is completed and signed.**

### COURSE PARTICIPANT SELF ASSESSMENT

Please assess your level of comfort with the course material. Use the following scale:

1= strongly disagree   2= disagree   3= agree   4= strongly agree

\_\_\_\_\_ I can describe, explain and put into practice the concepts and information taught in this designation course

\_\_\_\_\_ I have the tools and resources to plan a class in this designation

\_\_\_\_\_ I can plan a safe and effective class in this designation

\_\_\_\_\_ I can teach a group exercise class of this designation within the next six months

\_\_\_\_\_ I can describe the AFLCA scope of practice and the liabilities related to it

\_\_\_\_\_ I have knowledge of the AFLCA learning objectives and performance standards for this designation

\_\_\_\_\_ I can demonstrate the leadership skills required to be an effective leader

\_\_\_\_\_ I am confident in my fitness leadership skills and knowledge in this designation area after taking this course

*If you do not feel comfortable with any of the above questions, what steps do you need to take?*

\_\_\_\_\_

\_\_\_\_\_  
Signature of Course Participant

\_\_\_\_\_  
Date