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**Assessment Element 3 – Showcase task 2 (Programming, Delivery & Review)**

**Lifestyle assessment and client profile**

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| Learner Name : |  | Date: |  |

|  |  |  |
| --- | --- | --- |
| **Client’s name** | **Age** | **Gender** |
|  |  |  |
| **Description of lifestyle, to include: family, occupation, hobbies etc.** |
|  |
| **Description of exercise and physical activity levels.** (apply FITT where appropriate) | **Description of past exercise and physical activity levels**. (apply FITT where appropriate) |
|  |  |
| **Clients activity likes and dislikes** |
| Likes  | Dislikes |
|  |  |

**PAR-Q/ Screening forms**

**Promoting wellness through client motivation and interaction (J/616/4749) Assessment element 3 (Showcase)**

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| --- | --- | --- | --- | --- | --- |
| Name:  |  | Age: |  | Gender: |  |

This PAR-Q is designed to help you to help yourself. Many benefits are associated with regular exercise, and completion of the PAR-Q form is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose a problem or hazard.

The PAR-Q hs been designed to identify the small number of people for whom physical activity might be inappropriate or for those who should seek medical advice concerning the type of activity most suitable for them. Common sense is your best guide for answering these questions.

|  |  |  |
| --- | --- | --- |
| 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | **YES** | **NO** |
| 2. Do you feel pain in your chest when you do physical activity? | **YES** | **NO** |
| 3. In the past month, have you had chest pain when you were not doing physical activity? | **YES** | **NO** |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness? | **YES** | **NO** |
| 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in physical activity? | **YES** | **NO** |
| 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? | **YES** | **NO** |
| 7. Do you know of any other reason why you should not do physical activity? | **YES** | **NO** |

If you have answered YES to any of the above questions, then you are required to gain consent from your doctor before participating in the personal training programme.

If you have answered NO to all of the above questions and you have reasonable assurance of your suitability for:

A personal training programme – which will include; a personalised progressive programme designed around your needs and short, medium and long-term goals. The programme will work all components of physical fitness and use the principles of training to ensure it is a gradual periodised programme of exercise and physical activity.

You are advised to postpone entry into the programme if you feel unwell or have a temporary illness. You must inform your personal trainer of any changes to your health status, whilst engaged in your training programme.

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| --- | --- | --- | --- |
| Client name: |  | Date: |  |
| Witness signature: |  | Date:  |  |

**Informed consent**

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| **Informed consent form for exercise prescription (12 week programme client to complete)** |
| **Programme objectives and procedures** I understand that the purpose of the exercise programme is to provide safe and individualised exercise to improve health and fitness. Exercises may include:Cardiovascular machine activities - treadmill walking or jogging, rowing, upright or recumbent cycling, stair climbing and other such activities in outdoor environmentsResistance training activities using resistance machines, free weights or circuit training to improve muscular strength or enduranceCore and flexibility exercises to improve core stability and movement around the joints and range of motion**Potential risks**The exercise programme is designed to place a gradually increasing workload on the cardiovascular and muscular systems and thereby improve their function. The reaction of the cardiovascular and muscular system to such exercise cannot always be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes could relate to blood pressure or heart rate.**Potential benefits**I understand that a programme of regular exercise has been shown to be beneficial. Some of these benefits include:* A decrease in risk of heart disease
* A decrease in body fat
* Improved blood pressure
* Improvement in psychological function
* Improvement in aerobic fitness

The personal training programme has been explained to me and my questions regarding the programme have been answered to my satisfaction. I understand that I am free to withdraw at any time. The information obtained will be treated as private and confidential. |

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| --- | --- | --- | --- |
| Client name: |  | Date: |  |
| Witness signature: |  | Date:  |  |

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| **Client PAR-Q completed and informed consent explained: YES/NO** | **Did the client answer YES to any PAR-Q questions? YES/NO** |
| Analysis of PAR-Q response(s) and actions if applicable |
| **Results from the test (physical measurements/assessments (as appropriate to client and goals) – examples only given – not prescriptive – appropriate to client needs and goals)** |
| **Test** | **Results** |
| Blood pressure |  |
| **Anthropometrics (tick method):** | **Results** |
| height and weight |  |
| BMI |  |
| Waist circumference |  |
| Waist to hip ratio |  |
| **Body composition (tick method):** | **Results** |
| Callipers |  |
| Bio-electrical impedance |  |
| **Cardiovascular fitness (tick method):** | **Results**  |
| Astrand bike test |  |
| Rockport walking test |  |
| Step test |  |
| Cooper 12 min walk/run other machine based time tests (please specify) |  |
| **Range of movement (tick method):** | **Results** |
| Sit and reach test |  |
| Visual assessmentOther (please specify) |  |
| **Muscular fitness (tick method):** | **Results** |
| Abdominal curl/sit up test |  |
| Press-up test |  |
| Estimation of 8-12 rep maxOther (please specify) |  |
| **Balance/Proprioception tests (specify below):** | **Results** |
|  |  |
| **Results analysis – list any considerations for the programme based on the above** |
|  |
| **Functional ability – list any areas of functional fitness (relevant to client lifestyle and goals) that need applying to the programme** |
|  |
| **Posture and alignment – list any postural/alignment issues your client might have and how these will be addressed in the programme (refer to postural analysis record)** |
|  |
| **Client’s needs** |
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| **Clients readiness to participate (list the client’s general feelings towards starting a programme of exercise and any possible obstacles)** |
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| **SMART goals: Indicate below if another party other than the personal trainer and client is required for goal setting (please give reason for their involvement)** |
| Long term – 3 to 12 months (please specify) |
|  |
| Agreed review dates: |  |
| Medium term 2 to 6 months (please specify) |
|  |
| Agreed review dates: |  |
| Short term – 1 to 3 months (please specify) |
|  |
| Agreed review dates: |  |
| **Barriers to achieving goals** | **Strategies to overcome these barriers** |
|  |  |
| **Identify any everyday activities the client incorporates into their lifestyle that could compliment a gym programme and assist them in achieving goals** |
|   |
| Learner Name : |  | Date: |  |

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| **Postural assessment notes and screening (can include a copy of postural assessment records or photographs detailing client’s posture)** |
| Area of the body | Observation (static/dynamic) | Comments/recommendations |
| Head/neck (cervical spine) |  |  |
| Shoulders, scapulae and thoracic spine |  |  |
| Pelvis and lumbar spine |  |  |
| Knees, feet and ankles |  |  |

**Individual Session Plans (detailed sessions) - 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s name: |  | Goal stage this relates to: |  |
| Assessor’s name: |  | Environment and resources: |  |
| Date:  |  |  |  |
|  |  |  |  |
| **Warm up** |
| Overview of content (including mobility, pulse raising and pre-stretch – where appropriate | Equipment and duration | Level/speed | RPE/HR | Adaptations or alternatives |
|  |  |  |  |  |
| **Cardiovascular training** |
| Equipment and approach | Programme timings | Level/speed | RPE/HR | Adaptations or alternatives |
|  |  |  |  |  |
| **Resistance training** |
| Exercise/machine | Resistance (kg/body weight) | Reps | Sets : rest | Training system | Adaptation(s) or alternatives |
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| **Cardiovascular training 2 – incorporating pulse lowering** |
| Equipment and approach | Programme timings | Level/speed | RPE/HR | Adaptation(s) or alternatives |
|  |  |  |  |  |
| **Core stability training** |
| Core exercise(s) | Position | Length of hold : rest | Adaptation(s) or alternatives |
|  |  |  |  |
|  |  |  |  |
| **Other ‘functional’ training (as appropriate to client)** |
| Exercises (can be bodyweight) | Position | Length of hold: sets/rest | Adaptation(s) or alternatives |
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|  |  |  |  |
|  |  |  |  |
| **Flexibility (as appropriate to client)** |
| Muscles Stretched | Position | Type/Length of hold (static/dynamic/PNF) | Adaptation(s) or alternatives |
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**Individual Session Plans (detailed sessions) - 2**

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| Client’s name: |  | Goal stage this relates to: |  |
| Assessor’s name: |  | Environment and resources: |  |
| Date:  |  |  |  |
|  |  |  |  |
| **Warm up** |
| Overview of content (including mobility, pulse raising and pre-stretch – where appropriate | Equipment and duration | Level/speed | RPE/HR | Adaptations or alternatives |
|  |  |  |  |  |
| **Cardiovascular training** |
| Equipment and approach | Programme timings | Level/speed | RPE/HR | Adaptations or alternatives |
|  |  |  |  |  |
| **Resistance training** |
| Exercise/machine | Resistance (kg/body weight) | Reps | Sets : rest | Training system | Adaptation(s) or alternatives |
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| **Cardiovascular training 2 – incorporating pulse lowering** |
| Equipment and approach | Programme timings | Level/speed | RPE/HR | Adaptation(s) or alternatives |
|  |  |  |  |  |
| **Core stability training** |
| Core exercise(s) | Position | Length of hold : rest | Adaptation(s) or alternatives |
|  |  |  |  |
|  |  |  |  |
| **Other ‘functional’ training (as appropriate to client)** |
| Exercises (can be bodyweight) | Position | Length of hold: sets/rest | Adaptation(s) or alternatives |
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| **Flexibility (as appropriate to client)** |
| Muscles Stretched | Position | Type/Length of hold (static/dynamic/PNF) | Adaptation(s) or alternatives |
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**Individual Session Plans (detailed sessions) - 3**

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| Client’s name: |  | Goal stage this relates to: |  |
| Assessor’s name: |  | Environment and resources: |  |
| Date:  |  |  |  |
|  |  |  |  |
| **Warm up** |
| Overview of content (including mobility, pulse raising and pre-stretch – where appropriate | Equipment and duration | Level/speed | RPE/HR | Adaptations or alternatives |
|  |  |  |  |  |
| **Cardiovascular training** |
| Equipment and approach | Programme timings | Level/speed | RPE/HR | Adaptations or alternatives |
|  |  |  |  |  |
| **Resistance training** |
| Exercise/machine | Resistance (kg/body weight) | Reps | Sets : rest | Training system | Adaptation(s) or alternatives |
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| **Cardiovascular training 2 – incorporating pulse lowering** |
| Equipment and approach | Programme timings | Level/speed | RPE/HR | Adaptation(s) or alternatives |
|  |  |  |  |  |
| **Core stability training** |
| Core exercise(s) | Position | Length of hold : rest | Adaptation(s) or alternatives |
|  |  |  |  |
|  |  |  |  |
| **Other ‘functional’ training (as appropriate to client)** |
| Exercises (can be bodyweight) | Position | Length of hold: sets/rest | Adaptation(s) or alternatives |
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| **Flexibility (as appropriate to client)** |
| Muscles Stretched | Position | Type/Length of hold (static/dynamic/PNF) | Adaptation(s) or alternatives |
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**Session Review**

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| Session 1: |  |  | Session 2: |  | Session 3: |  |
| **After my sessions, I received the following feedback from the client:** |
| Session 1 |
|  |
| Session 2 |
|  |
| Session 3 |
|  |

|  |
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| **My sessions met the client’s needs in the following ways:****(comment on the effectiveness of your exercises, relationship with the client, how you communication style motivated the client and how well the programme matched the client’s needs and goals)** |
| Session 1 |
|  |
| Session 2 |
|  |
| Session 3 |
|  |
| **With the information gathered from your client and your own evaluation of the sessions within the programme, explain how you will review the Personal Training programme and develop your own skills** |
| Session 1 |
|  |
| Session 2 |
|  |
| Session 3 |
|  |

I (the client) agree with the above changes to my next personal training session and agreed that they are appropriate to my need.

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s signature: |  | Date: |  |
| *\*an electronic signature is acceptable on this document* |

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| **12 week programme overview** |  |
| Client’s name:  |  |

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|  | **Weeks \_\_1-4\_\_\_\_\_\_** Comment on frequency, intensity, time and type – FITT for each component) | **Weeks \_\_\_\_5-8\_\_\_\_** Overview of changes **(**comment on frequency, intensity, time and type – FITT for each component) | **Weeks \_\_\_\_\_9-12\_\_\_** Overview of changes **(**comment on frequency, intensity, time and type – FITT for each component) |
| **Warm Up** |  |  |  |
| **CV Training** |  |  |  |
| **Resistance Training** |  |  |  |
| **Core Stability Training** |  |  |  |
| **Other; Functional Training/Flexibility** |  |  |  |
|  | **Why have you selected these for the first 4 weeks of the programme?** | **Justify the reasons for your progressions for weeks 5-8**  | **Justify your reasons for progressions weeks 9-12** |
| **Warm Up** |  |  |  |
| **CV Training** |  |  |  |
| **Resistance Training** |  |  |  |
| **Core Stability Training** |  |  |  |
| **Other; Functional/ Flexibility** |  |  |  |
| **12 week programme overview** | **Activities for daily living (ADL)** |
|  | **Explain what activities your client can include in their daily life to keep them physically active on a day to day basis** |  |
| **Weeks \_\_\_\_\_1-4\_\_\_\_** | **Weeks \_\_\_\_5-8\_\_\_\_\_** | **Weeks \_\_\_\_\_\_9-12\_\_\_** |
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| **12 week programme overview** | **Exercise in other environments** |

Include **exercises** that can be carried out in environments such as home, office or outdoors

|  |  |  |
| --- | --- | --- |
| **Weeks \_\_\_\_\_1-4\_\_\_\_** | **Weeks \_\_\_\_5-8\_\_\_\_\_** | **Weeks \_\_\_\_\_\_9-12\_\_\_** |
|  |  |  |

**12 week programme overview**

**Programme Rationale**

Please explain details relating to the progression of the whole programme and how you will manage the programme. You could state how the programme is particularly suited to your client.

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**Assessment element 3 – Showcase task 2 (Programming, delivery and review)**

**Summative programme design record and feedback (Assessor)**

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| **Learner’s name:** |  | **Date:** |  |
| **Assessor’s name:** |  | **IQA’s name:** |  |

|  |
| --- |
| **Programme (3 detailed session/programme cards, 12 week overview (interim sessions)**  |
| The learner demonstrated that they:**PD1 Analysed information contained within the Lifestyle assessment records (consultation)to inform the programme design****PD2 Demonstrated how to apply the key principles of training (FITT) to design exercise programmes to achieve a client’s short, medium and long-term goals****PD3 Ensured all the relevant components of fitness were built into the programme (according to client needs and goals)****PD4 Identified suitable fitness training techniques for components of fitness (based on experience and fitness level of client and incorporating any adaptations as necessary) that can be used within a client programme to achieve their individual goals****PD5 Applied the principles of training to help the client achieve short, medium and long-term goals****PD6 Agreed the demands of the programme content with the client****PD7 Agreed a timetable of sessions with the client****PD8 Arranged suitable dates for programme review in order to discuss short, medium and long-term goals with clients, taking into account any change in circumstance****PD9 Identified any resources needed for the programme (equipment, environments, including the use of environments not designed for exercise)****PD10 Recorded plans in a format that helped the client and others involved to implement the programme****PD11 Identified suitable alternative training environments and appropriate training systems for sessions not designed specifically for exercise within the 12 week programme** |
| Date | Outcome | Date | Re-assessment |
|  |  |  |  |

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| Assessor feedback as to how the learner met the outcomes above. Reference using PD1 to PD10: |
|  |

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| Knowledge questions required?  | Yes | 🞎 | No | 🞎 | Ref no (if applicable)  |  |

**Assessment element 3 - Showcase task 2 (Programming, delivery and review)**

**Summative assessment record and feedback (Assessor) cont.**

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| **Programme management/adaptation (evaluations and programme review)** |
| The learner demonstrated that they:**PM1 Provided alternatives to the programmed exercises/physical activities if the client could not take part as planned****PM2 Provided alternatives to the programmed exercises/physical activities if the client could not take part as planned****PM3 Monitored the client’s progress using appropriate methods****PM4 Documented clients opinions on progress and programme as a whole in meeting their needs and goals****PM5 Used methods of evaluation to help review the client’s progress against goals and baseline data (assessments)****PM6 Agreed review outcomes with the clients****PM7 Accurately recorded review outcomes****PM8 Identified any adaptations, progressions or regressions required in consultation with the client****PM9 Recorded any changes within the programme plans to take account of adaptations****PM10 Monitored the effectiveness of adaptations and updated the programme as necessary** |
| Date | Outcome | Date | Re-assessment |
|  |  |  |  |

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| Assessor feedback as to how the learner met the outcomes above. Reference using PM1 to PM10: |
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| --- | --- | --- | --- | --- | --- | --- |
| Knowledge questions required?  | Yes | 🞎 | No | 🞎 | Ref no (if applicable)  |  |

**Showcase task 2 (programming, delivery and review)**

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|  Final result  |  |  | Pass |  | Refer  |