

**Group Class**                      Students full name .....                      DOB .../.../.....  
 Date : .... /.... /.....                      Exercises Taught .....

	V3	Score	POSITIVE Please tick what student covers	AREAS TO CONSIDER Please note clearly
Evidence of Class planning	3.1 3.2	..../2		
Presentation and Management of class	3.1	..../9		
Function & Purpose of Exercises. What/Why/How	3.2	..../12		
Individual needs addressed. Criteria raised /lowered appropriately	3.3	.../21		
Safety	3.4	.../4		
General Class overview	3.1 3.2 3.3 3.4	..../2		
<b>Total Pt's &amp; %</b> (Total x 2 = %)	..../50	... %	Signed by Assessor..... Cross-reference Assessor .....	