

**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	..../4		
Presentation and management of class	3.1	..../18		
Function & Purpose of Exercises. What/Why/How	3.2	..../14		
Individual needs addressed. Criteria raised /lowered appropriately	3.3	.../8		
General Class overview	3.1 3.2 3.3 3.4	..../6		
<b>Total Pt's &amp; %</b> (Total x 2 = %)	..../50	.... %	Signed by Assessor..... Cross-reference Assessor .....	