

Fitness Instructor Evaluation - Aerobics

Island Fitness Council, 1216 Sand Cove Road, Saint John, NB E2M 5V8

Instructor _____ Date _____ Time _____
 Address _____ Postal Code _____
 Phone(W) _____ (H) _____
 Class Level _____ Class Type _____

Certification Recertification

CONTENT	COMP	COMMENTS
<i>WARM-UP</i>		
◆ Locomotor Activity (4-5 mins)		
◆ R.O.M. in mid-range		
◇ Upper body		
◇ Mid body (trunk)		
◇ Lower body		
◆ Stretch (dynamic and/or static)		
◇ Iliopsoas/Quadriceps		
◇ Tibialis anterior		
◇ Erector spinae (lumbar)		
◇ Hamstrings		
◇ Gastrocnemius		
◇ Soleus		
◇ Upper body joint action movements		_____ /11
<i>AEROBIC CONDITIONING</i>		
◆ Gradual increase in intensity		
◆ Activities achieve c.v. training effect		
◆ Intensity monitored with THRZ or PE		
◆ Intensity appropriate		
◆ Options given		
◆ Variety (levers, planes, direction, tempo)		
◆ Weight bearing one leg:		
◇ High impact (4)/low impact (8)		
◆ Max. 3-4 min on the spot		_____ /9
◆ Aerobic cool down (minimum 2 mins)		
<i>MUSCULAR CONDITIONING</i>		
◆ Abdominals		
◆ Erector spinae		
◆ One additional muscle pair		
◆ No. of repetitions		
◆ Intensity appropriate		
◆ Options given		
◆ Technique safe and effective		_____ /7

<u>CONTENT</u>	<u>COMP</u>	<u>COMMENTS</u>
<i>FINAL COOL DOWN</i>		
◆ Upper body stretches		
◆ Mid body stretches		
◆ Lower body stretches:		
◇ Iliopsoas/Quadriceps		
◇ Tibialis anterior		
◇ Erector spinae		
◇ Hamstrings		
◇ Gastrocnemius		
◇ Soleus		
◆ Relaxation		
<i>LEADERSHIP</i>		
◆ Continuity of movement		
◆ Flow of class components		
◆ Duration of components meets standards		
◆ Cueing ◇ Verbal/Visual		
◆ Safety precautions		
◆ Correct alignment demonstrated		
◆ Uses combination of teaching techniques		
◆ Uses space safely		
◆ Interacts with class		
◆ Permission giving		
◆ Music ◇ uses beat and/or phrase		
◇ appropriate tempo		
◇ appropriate volume		
<i>PERSONAL</i>		
◆ Voice		
◆ Punctual & organized		
◆ Educational component		
◆ Approachable and encourages feedback		
◆ Positive attitude		

____ / 9

____ / 13

____ / 15

Total _____

Certified 42-54

Re-evaluation 41 or less

Comments _____

Instructor Name _____

Instructor Signature _____

Evaluator Name _____

Evaluator Signature _____

TAKEN IN PART, WITH PERMISSION, FROM THE YMCA-YWCA OF/d'OTTAWA-CARLETON

Updated January 2004