**Exercise for Long-term Neurological Conditions**

**Practical assessment assessor’s checklist**

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| --- | --- | --- | --- | --- | --- |
| Key:  Not competent = **X** **GREY BOXES – a X in any grey box is a referral overall**  Competent = **✓** Competent with a comment = a bullet point **•** Question = **Q** | | | | | |
| **A)** Starting the session the student has: | | | | | |
| 1. Prepared the environment and checked equipment for the session | | | | |  |
| 2. Welcomed the client appropriately and made them feel at ease | | | | |  |
| 3. Explained all necessary health and safety information | | | | |  |
| **B)** Delivering the exercise session the student has: | | | Warm up | Main section | Cool-down |
| 1. Demonstrated correct technique and safe use of equipment  and exercises | | |  |  |  |
| 2. Explained the physical and technical demands of the  planned exercises and gave clear/accurate explanations to  the client | | |  |  |  |
| 3. Selected safe and effective exercises appropriate to the  client’s objectives and conditions | | |  |  |  |
| 4. Used a supportive and motivational approach with the client | | |  |  |  |
| 5. Communicated with clients clearly and accurately, in a  non-judgemental manner | | |  |  |  |
| 6. Monitored intensity appropriately for the component and  Client | | |  |  |  |
| 7. Used/ reinforced key instruction points to improve the  client’s performance and encourage independence | | |  |  |  |
| 8. Used an appropriate teaching position to enable  observation/correction of the client. | | |  |  |  |
| 9. Gained feedback from the client to check understanding of  their performance and provided feedback to the client about  their performance. | | |  |  |  |
| 10. Left the environment in a condition suitable for future use | | |  |  |  |
| **Result: (delete as appropriate)** | | **Competent** | | **Not**  **competent** | |
| Student Name: | Student Signature: | | | Date : | |
| Assessor Name: | Assessor Signature: | | | Date : | |

**\*\*\*\* SEE PAGE 2 FOR ASSESSOR FEEDBACK AND COMMENTS \*\*\*\***

**Exercise for Long-term Neurological Conditions**

**Practical assessment** - **assessor’s feedback**

|  |  |  |
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| **Performance criteria**  **(from page 1)** | | **Comments and feedback** |
| **A / B** | **1-10** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Student Name: | Signature: | Date: |
| Assessor Name: | Signature: | Date: |