



# FITNESS, HEALTH & EXERCISE: GRADED UNIT 2

**STUDENT**  
SUPPORT PACK

### **Student Support Pack** (Parts of this document may be used for the case study)

1. Client's Profile
2. Physiological/ Kinanthropometry Template
3. Client's Goal Setting
4. Client testimony
5. Programme Card 1-4 (Example Templates)
6. Client's Evaluation Forms
7. 12 week programme overview
8. Client's Goal review

# Fitness, Health and Exercise: Graded Unit 2

Client profile

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	

## Fitness, Health and Exercise: Graded Unit 2

Client PAR-Q completed and informed consent explained: YES/NO	Did the client answer YES to any PAR-Q questions?
Analysis of PAR-Q responses and actions if applicable	
<b>Results from the test (physical measurements/assessments)</b>	
<b>Test</b>	<b>Results</b>
Blood pressure	
<b>Anthropometrics:</b>	<b>Results</b>
height and weight	
BMI	
Waist circumference	
Waist to hip ratio	
<b>Body composition:</b>	<b>Results</b>
Callipers	
Bio-electrical impedance	
<b>Cardiovascular fitness:</b>	<b>Results</b>
Astrand bike test	
Rockport walking test	
Step test	
Cooper 12 min walk/run	
<b>Range of movement:</b>	<b>Results</b>
Sit and reach test	
Visual assessment	
<b>Muscular fitness:</b>	<b>Results</b>
Abdominal curl/sit up test	
Press-up test	
Estimation of 8-12 rep max	

## Fitness, Health and Exercise: Graded Unit 2

Functional ability – list any areas of functional fitness 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
Client's needs
Clients readiness to participate (list the client's general feelings towards starting a programme of exercise and any possible obstacles)

## Fitness, Health and Exercise: Graded Unit 2

### Goal setting

Learner Name : \_\_\_\_\_ Date: \_\_\_\_\_

Based on the information gathered from the client and the analysis of this information agree short, medium and long term SMART programme goals with the client.

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)	
Short-term	
Agreed review points:	
Medium-term	
Agreed review points	
Long-term	

## Fitness, Health and Exercise: Graded Unit 2

Agreed review points:	
Barriers to achieving goals	Strategies to overcome barriers

**Client testimony**

Learner's name: \_\_\_\_\_

Client's name: \_\_\_\_\_

In signing this testimony you (the client) agree that the areas outlined in the checklist below have been fully explained/agreed between yourself and your personal trainer (the learner).

<b>The personal trainer (learner):</b>
Worked with you to agree short, medium and long-term goals appropriate to your needs
Agreed with you your needs and readiness to participate
Agreed with you the demands of the programme
Agreed with you a timetable of sessions
Agreed with you appropriate evaluation methods and review dates
Agreed with you how to maintain contact between sessions

Client's signature:

Date:

*\*an electronic signature is acceptable on this document*

Personal trainer's (learners) signature:

Date:

*\*an electronic signature is acceptable on this document*

# Fitness, Health and Exercise: Graded Unit 2

## Programme Card 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



**Evaluation form 1**

Learner's name: \_\_\_\_\_

Client's name: \_\_\_\_\_

Session number: \_\_\_\_\_

You will need to complete the 4 session evaluation forms. You must evaluate each of the 4 sessions you carry out with your client. You will need to gain feedback from your client in order to complete some of the sections within this evaluation form. These evaluations will link directly to the review of the client's goals.

Client feedback	
The client found the following aspects of the personal training session effective/challenging:	
The client found the following aspects of the personal training session ineffective/less challenging:	
The client enjoyed the following:	The client did not enjoy the following:

## Fitness, Health and Exercise: Graded Unit 2

Based on the information received from the client and the visual/verbal feedback given during this session, I will change the clients programme in the following ways before the next session:

Exercise/activities:

Environment and resources:

Adaptations and alternatives:

Other:

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*

Learner's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*an electronic signature is acceptable on this document*

# Fitness, Health and Exercise: Graded Unit 2

## Programme card 2

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



**Evaluation form 3**

Learner's name: \_\_\_\_\_

Client's name: \_\_\_\_\_

Session number: \_\_\_\_\_

**Client feedback**

The client found the following aspects of the personal training session effective/challenging:

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The client found the following aspects of the personal training session ineffective/less challenging:

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<p>The client enjoyed the following:</p>	<p>The client did not enjoy the following:</p>
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## Fitness, Health and Exercise: Graded Unit 2

Based on the information received from the client and the visual/verbal feedback given during this session, I will change the clients programme in the following ways before the next session:

Exercise/activities:

Environment and resources:

Adaptations and alternatives:

Other:

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*

Learner's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*an electronic signature is acceptable on this document*

**Programme card 2**

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



**Evaluation form 3**

Learner's name: \_\_\_\_\_

Client's name: \_\_\_\_\_

Session number: \_\_\_\_\_

<b>Client feedback</b>	
The client found the following aspects of the personal training session effective/challenging:	
The client found the following aspects of the personal training session ineffective/less challenging:	
The client enjoyed the following:	The client did not enjoy the following:

## Fitness, Health and Exercise: Graded Unit 2

Based on the information received from the client and the visual/verbal feedback given during this session, I will change the clients programme in the following ways before the next session:

Exercise/activities:

Environment and resources:

Adaptations and alternatives:

Other:

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*

Learner's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*an electronic signature is acceptable on this document*

**Programme card 4**

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



**Evaluation form 4**

Learner's name: \_\_\_\_\_

Client's name: \_\_\_\_\_

Session number: \_\_\_\_\_

You will need to complete the 4 session evaluation forms. You must evaluate each of the 4 sessions you carry out with your client. You will need to gain feedback from your client in order to complete some of the sections within this evaluation form. These evaluations will link directly to the review of the client's goals.

Client feedback	
The client found the following aspects of the personal training session effective/challenging:	
The client found the following aspects of the personal training session ineffective/less challenging:	
The client enjoyed the following:	The client did not enjoy the following:

## Fitness, Health and Exercise: Graded Unit 2

Based on the information received from the client and the visual/verbal feedback given during this session, I will change the clients programme in the following ways before the next session:

Exercise/activities:

Environment and resources:

Adaptations and alternatives:

Other:

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*

Learner's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*an electronic signature is acceptable on this document*

**12 week programme overview**

**Warm up**

Client's name:

\_\_\_\_\_

	<b>Week 1</b>	<b>Week 6 – overview of changes</b>	<b>Week 12 – overview of changes</b>
<b>Frequency</b>			
<b>Intensity</b>			
<b>Time</b>			
<b>Type</b>			
	<b>Any other information</b>	<b>Explain the reasons for the changes</b>	<b>Explain the reasons for the changes</b>

**12 week programme overview**

**Cardiovascular training**

Client's name:

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	<b>Week 1</b>	<b>Week 6 – overview of changes</b>	<b>Week 12 – overview of changes</b>
<b>Frequency</b>			
<b>Intensity</b>			
<b>Time</b>			
<b>Type</b>			
	<b>Any other information</b>	<b>Explain the reasons for the changes</b>	<b>Explain the reasons for the changes</b>

**12 week programme overview**

**Resistance training**

Client's name:

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	<b>Week 1</b>	<b>Week 6 – overview of changes</b>	<b>Week 12 – overview of changes</b>
<b>Frequency</b>			
<b>Intensity</b>			
<b>Time</b>			
<b>Type</b>			
	<b>Any other information</b>	<b>Explain the reasons for the changes</b>	<b>Explain the reasons for the changes</b>

**12 week programme overview**

**Mid-Section Stability**

Client's name:

\_\_\_\_\_

	<b>Week 1</b>	<b>Week 6 – overview of changes</b>	<b>Week 12 – overview of changes</b>
<b>Frequency</b>			
<b>Intensity</b>			
<b>Time</b>			
<b>Type</b>			
	<b>Any other information</b>	<b>Explain the reasons for the changes</b>	<b>Explain the reasons for the changes</b>

**12 week programme overview**

**Cool down and Flexibility**

Client's name:

\_\_\_\_\_

	<b>Week 1</b>	<b>Week 6 – overview of changes</b>	<b>Week 12 – overview of changes</b>
<b>Frequency</b>			
<b>Intensity</b>			
<b>Time</b>			
<b>Type</b>			
	<b>Any other information</b>	<b>Explain the reasons for the changes</b>	<b>Explain the reasons for the changes</b>

**12 week programme overview**

**Activities for daily living (ADL)**

Client's name:

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Week 1	Week 6	Week 12

**Goal review**

Learner's  
name: \_\_\_\_\_

Goal stage: Short-term

Client's name: \_\_\_\_\_

This document is to be completed with your client on the agreed short-term goals review date.

Client's view on their progress to date and any changes in the circumstances since goal setting

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Feedback given to the client on their progress to date

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## Fitness, Health and Exercise: Graded Unit 2

Review of goals (based on outcome)	
Short-term	
Next review date:	
Summary of revised medium-term goals:	
Next review date:	
Summary of revised long-term goals:	
Next review date:	

I (the client) can confirm that the purposes of this review has been explained to me and I agree with the revised goals

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*an electronic signature is acceptable on this document*

Learner's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*an electronic signature is acceptable on this document*