



CANADIAN CENTRE FOR ACTIVITY AND AGING PEER CLASS OBSERVATION

(Date)

(Your name)

(Location of Class)

(Instructor's name)

(Instructor's Signature)

Tel: _____ E-mail: _____

Type of class: _____

Observe the following class components and complete as indicated.

A. Warm-Up (start time: _____ end time: _____)

Circulatory warm-up (minimum 5 minutes) Yes or No

Movements through range of motion for major joints (please check off)

shoulder ____, elbow ____, wrist ____, hip ____, knee ____, ankle ____

Exercises performed correctly and safely Yes or No

If no, please provide example: _____

Component is continuous (ie. no static stretching) Yes or No

Comments: _____

B. Cardiovascular (start time: _____ end time: _____)

Selection of exercises (appropriate, safe, variety) Yes or No

Intensity (appropriate, monitoring technique used) Yes or No

Describe technique _____

Duration (_____ minutes) Yes or No

(If less than 20 min., please indicate reason in comments.)

Cardiovascular Cool-down (minimum 5 minutes) Yes or No

Comments: _____

C. Muscle Conditioning (start time: _____ end time: _____)

Knowledge of exercises and technique Yes or No

Appropriate number of sets (1-2) and repetitions (8-12) Yes or No

Proper use of resistance equipment Yes or No

List resistance equipment used _____

Proper sequence of exercises Yes or No

Covers major muscle groups (bold type mandatory) Yes or No

chest ____, **back (upper)** ____, shoulders ____, biceps/triceps ____, **gluteals** ____, **quadriceps** ____,
hamstrings ____, adductors ____, **gastrocs** ____, **abdominals** ____, **back (lower)** ____

Comments: _____

D. Balance (start time: _____ end time: _____)

Balance training incorporated throughout class Yes or No
(ex. reducing base of support, reaching)

Specific exercises are appropriate and challenging Yes or No

Comments: _____

E. Flexibility/Cool-Down (start time: _____ end time: _____)

Stretching of major muscle groups Yes or No
(large muscles of upper and lower body)

Appropriate selection of exercises Yes or No

Exercises performed correctly and safely Yes or No

Stretches held 15-20 seconds Yes or No

Comments: _____

F. Class Presentation

Basic fitness components (order, objectives)	Yes	or	No
Planning (well thought out, organized)	Yes	or	No
Flow is maintained throughout components	Yes	or	No
Use of music (suitability, selection, tempo, volume)	Yes	or	No

Comments: _____

G. Leadership Qualities

Manner (enthusiastic, motivating, encouraging, prepared)	Yes	or	No
Clear communication (voice, demonstration)	Yes	or	No
Interaction with participants/residents	Yes	or	No
Instructions/corrections provided when necessary	Yes	or	No
Provides alternatives/modifications throughout class	Yes	or	No

Comments: _____

H. Please list 3 things you learned from observing this instructor (i.e. new exercise, exercise modification, method of instruction, health/fitness tip, new self-awareness of own teaching approach, etc.).

1. _____
2. _____
3. _____