



# BCRPA Yoga Fitness Eight Hour Resume and Lesson Plan

# Form C-2

APPLICANT'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE NUMBER (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

EVALUATION DATE \_\_\_\_\_ Have you changed your address? Yes ( ) No ( )

## YOGA FITNESS EIGHT HOUR RESUME

**Practicum classes must not be taught until 1) you are registered in Fitness Theory; and 2) you have completed the Yoga Fitness course.** You can complete your practicum at any site of your choice so long as you obtain the permission of the facility supervisor and the instructor(s) whose classes you will be working in and that the facility supervisor and class supervisor both sign where indicated below. Please note that you need to obtain a total of at least 8 hours of practicum teaching.

Date	Agency	Class Supervisor (print name and sign)	Length of Instruction	Type (e.g. Power Yoga)	Class size

**FACILITY SUPERVISOR ATTESTATION (BCRPA reserves the right to confirm with supervisor as necessary:**

**Facility/Community Centre Name:** \_\_\_\_\_

**Group Fitness Coordinator/Supervisor Name:** \_\_\_\_\_

**Group Fitness Coordinator/Supervisor Telephone Number:** \_\_\_\_\_

**Group Fitness Coordinator/Supervisor Signature:** \_\_\_\_\_

## LESSON PLAN

This form is to help the evaluator while writing up the Instructional Competency Evaluation form. There is no grade attached to the lesson plan. **You are required to hand this completed lesson plan to the evaluator *prior* to the evaluation.** Please copy this form if additional space is required.

Class Component	Asana/Posture Selection	Muscle Groups and/or Joints Involved	Special Precautions or Instructions	Time