

APPLICANT'S NAME _____

MAILING ADDRESS _____

E-MAIL _____

PHONE NUMBER (Home) _____ (Business) _____

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

EXAMPLE PILATES FITNESS 8-HOUR RESUME

Practicum classes are not to have been performed prior to the start of the Specialty Module Course.

Date	Agency	Supervisor	Length of Instruction	Level (e.g. beginner, intermediate)	Class size
Apr 26, 2005	Fitness ABC	Susie Fitness	15 minutes	Beginner – first 6 exercises	14
Apr 28, 2005	Fitness ABC	Susie Fitness	30 minutes	Beginner – first half of class	13
May 1, 2005	Fitness ABC	Susie Fitness	60 minutes	Beginner	15
May 3, 2005	ABC Fitness	Mike Muscle	75 minutes	Beginner	10
May 19, 2005	123 Fitness	Jane Exercise	45 minutes	Intermediate	12
May 23, 2005	Fitness ABC	Susie Fitness	60 minutes	Beginner	20
May 28, 2005	Fitness ABC	Penny Pilates	75 minutes	Intermediate	8
Jun 1, 2005	ABC Fitness	Mike Muscle	60 minutes	Intermediate	9
Jun 4, 2005	Fitness ABC	Penny Pilates	60 minutes	Beginner	20

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	Name of Exercise	Muscle Groups and/or Joints Involved	Special Precautions or Instructions	Time
Warm up Muscular Endurance				