**All Modules Fitness Assessment & Programme Planning – Client 1**

Relevant Screening Information Summary (1 male/1 female client of different fitness levels to be assessed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Age**: yrs. | **Gender**: | M | F |
| **Summarise Medical problems/injuries/medication/pregnancy**: | | | | | |
| **Lifestyle**: (design own lifestyle questionnaire – include all aspects (eg exercise habits (current FITT if any), job, activity levels, stress levels etc.) | | | | | |
| **Client Goals** (include time commitment level – day per week willing to exercise, duration etc.)  Short Term Goals:  Long Term Goals: | | | | | |
| **Tests Performed** for relevant Components of Fitness(Apply to client goals) | | | | | **Results** including fitness rating |
| **CV** | | | | |  |
| **LME** | | | | |  |
| **Flexibility** | | | | |  |
| **Strength** | | | | |  |
| **Body Composition** | | | | |  |
| **Conclusions:** Based on the results of the tests performed give your overall assessment of the client’s present fitness levels and areas that need work.  **Module 3 Tutor Signature:** | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Warm up (**State Type, Duration ,Intensity | | | | Include general components to be worked,  also specific equipment egg bike/treadmill/  rower-MW/FW/BR – PNF/passive/static |
| **Pre-stretch**  **Muscles** | | | |
| **WK1-3** | **Frequency** | **Intensity** | **Time** | **Type** |
|  |  |  |  |  |
| **Rationale** for your choice of exercises, FITT, sets, reps etc.: | | | | |

**6 Week Programme Client 1**

Show below methods of overload chosen – why? Show any changes adaptations made to programme – why?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wk 3-6** | **Frequency** | **Intensity** | **Time** | **Type** |
|  |  |  |  |  |
| **Rationale for changes/progressions:**  **Module 3 Tutor Signature:** | | | | |

**All Modules Fitness Assessment & Programme Planning – Client 2**

Relevant Screening Information Summary (1 male/1 female client of different fitness levels to be assessed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Age**: yrs. | **Gender**: | M | F |
| **Summarise Medical problems/injuries/medication/pregnancy**: | | | | | |
| **Lifestyle**: (design own lifestyle questionnaire – include all aspects (eg exercise habits (current FITT if any), job, activity levels, stress levels etc.) | | | | | |
| **Client Goals** (include time commitment level – day per week willing to exercise, duration etc.)  Short Term Goals:  Long Term Goals|: | | | | | |
| **Tests Performed** for relevant Components of Fitness(Apply to client goals) | | | | | **Results** including fitness rating |
| **CV** | | | | |  |
| **LME** | | | | |  |
| **Flexibility** | | | | |  |
| **Strength** | | | | |  |
| **Body Composition** | | | | |  |
| **Conclusions:** Based on the results of the tests performed give your overall assessment of the client’s present fitness levels and areas that need work.  **Module 3 Tutor Signature:** | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Warm up (**State Type, Duration ,Intensity | | | | Include general components to be worked,  also specific equipment egg bike/treadmill/  rower-MW/FW/BR – PNF/passive/static |
| **Pre-stretch**  **Muscles** | | | |
| **WK1-3** | **Frequency** | **Intensity** | **Time** | **Type** |
|  |  |  |  |  |
| **Rationale** for your choice of exercises, FITT, sets, reps etc.: | | | | |

**6 Week Programme Client 2**

Show below methods of overload chosen – why? Show any changes adaptations made to programme – why?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wk 3-6** | **Frequency** | **Intensity** | **Time** | **Type** |
|  |  |  |  |  |
| **Rationale for changes/progressions:**  **Module 3 Tutor Signature:** | | | | |