W-COU047 STUDIO WRITTEN ASSESSMENT PROGRAMMING SUBMISSION TEMPLATES

PROGRAMMING TASKS.

PROGRAM ONE – Pregnancy, Post Natal or Ageing Studio IC

Date and Time of Practice Program 1		Name of Client Instructed To	
Health Screening Forms Completed and Submitted (max. one per unique client). (Y/N)			
Self-reflection post teaching. (1-2 paragraphs)			
Safety Guidelines and Considerations. (1 paragraph)			
Practice recorded in Log Book. (Y/N)			

Date and Time of Practice Program 1		Name of Client Instructed To	
Self-reflection post teaching. (1-2 paragraphs)			
Safety Guidelines and Considerations. (1 paragraph)			
Practice recorded in Log Book. (Y/N)			

Date and Time of Practice Program 1		Name of Client Instructed To	
Self-reflection post teaching. (1-2 paragraphs)			
Safety Guidelines and Considerations. (1 paragraph)			
Practice recorded in Log Book. (Y/N)			

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PIC	REPERTOIRE	REPETITIONS	SPRINGS	ORDER

PROGRAM TWO – Introductory to Basic Studio Program with Upper Limb Pathology Management

Date and Time of Practice Program 2		Name of Client Instructed To	
Health Screening Forms Completed and Submitted (max. one per unique client). (Y/N)			
Self-reflection post teaching. (1-2 paragraphs)			
Safety Guidelines and Considerations. (1 paragraph)			
Practice recorded in Log Book. (Y/N)			

Date and Time of Practice Program 2		Name of Client Instructed To	
Self-reflection post teaching. (1-2 paragraphs)			
Safety Guidelines and Considerations. (1 paragraph)			
Practice recorded in Log Book. (Y/N)			

Date and Time of Practice Program 2		Name of Client Instructed To	
Self-reflection post teaching. (1-2 paragraphs)			
Safety Guidelines and Considerations. (1 paragraph)			
Practice recorded in Log Book. (Y/N)			

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PIC	REPERTOIRE	REPETITIONS	SPRINGS	ORDER

PROGRAM THREE – Progressive Studio with Lower Limb Pathology Management

Date and Time of Practice Program 3		Name of Client Instructed To	
Health Screening Forms Completed and Submitted (max. one per unique client). (Y/N)			
Self-reflection post teaching. (1-2 paragraphs)			
Safety Guidelines and Considerations. (1 paragraph)			
Practice recorded in Log Book. (Y/N)			

Date and Time of Practice Program 3		Name of Client Instructed To	
Self-reflection post teaching. (1-2 paragraphs)			
Safety Guidelines and Considerations. (1 paragraph)			
Practice recorded in Log Book. (Y/N)			

Date and Time of Practice Program 3		Name of Client Instructed To	
Self-reflection post teaching. (1-2 paragraphs)			
Safety Guidelines and Considerations. (1 paragraph)			
Practice recorded in Log Book. (Y/N)			

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PIC	REPERTOIRE	REPETITIONS	SPRINGS	ORDER

PROGRAM FOUR – Intermediate Studio with Spine and Back Pathology Management

Date and Time of Practice Session 1		Name of Client Instructed To	
Health Screening Forms Completed and Submitted (max. one per unique client). (Y/N)			
Self-reflection post teaching. (1-2 paragraphs)			
Safety Guidelines and Considerations. (1 paragraph)			
Practice recorded in Log Book. (Y/N)			

Date and Time of Practice Session 2		Name of Client Instructed To	
Self-reflection post teaching. (1-2 paragraphs)			
Safety Guidelines and Considerations. (1 paragraph)			
Practice recorded in Log Book. (Y/N)			

Date and Time of Practice Session 3		Name of Client Instructed To	
Self-reflection post teaching. (1-2 paragraphs)			
Safety Guidelines and Considerations. (1 paragraph)			
Practice recorded in Log Book. (Y/N)			

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PIC	REPERTOIRE	REPETITIONS	SPRINGS	ORDER