

W-COU044 REFORMER WRITTEN ASSESSMENT PROGRAMMING SUBMISSION TEMPLATES

PROGRAMMING TASKS.

PROGRAM ONE – Introductory to Basic Reformer

Date and Time of Practice Program 1		Number of Clients 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		Number of Clients 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		Number of Clients 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)			

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Date and Time of Practice Program 2		Number of Clients 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)			

Dat Date and Time of Practice Program 2		Number of Clients 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		Number of Clients 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)			

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PROGRAM THREE – Intermediate Reformer

Date and Time of Practice Program 3		Number of Clients 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		Number of Clients 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		Number of Clients 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)			

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