



Assessment 8.3

Circuit Program

Assessment 8.3 Instructions and Required Resources

Before you begin [CLICK HERE](#) to watch an **instructional video** on how to successfully complete this assessment. This video will outline the skills and resources you require to receive an excellent grade.

Prior to completing this assessment, we recommend you watch the following online lecture presentations relevant to this assessment:

[Lecture Presentation 8.1 - The Cardiovascular and Respiratory Systems](#)

[Lecture Presentation 8.2 - Energy Systems](#)

[Lecture Presentation 8.3 - Exercise Programming for Cardiovascular Training](#)

[Lecture Presentation 8.4 - Circuit Training](#)

Prior to completing this assessment, we recommend you read the following chapter from the Certificate III in Fitness Course Manual

Chapter 8 - Cardiovascular Physiology, Programming & Instruction

Please complete the following:

Student Name	
Assessor Name	
Qualification	SIS30315 - Certificate III in Fitness
Delivery Method	Online Face to Face
Assessment Type	Case Study Role Play
Units of Competency	SISFFIT003 - Instruct fitness programs
	SISFFIT024 - Instruct endurance programs

Declaration: *I have read, understand and agree to the assessment tasks and criteria outlined in this document and agree to complete this assessment in accordance with Australian Fitness Academy's assessment policy. I declare that all evidence submitted for this assessment is the product of my own work and every attempt has been made to accurately reference all sources to prevent plagiarism.*

STUDENT SIGNATURE:

Date:



Student Assessment Tasks

Students are required to address ALL questions in this assessment task to be deemed as satisfactory

The following assessment requires you to **design, prepare, deliver** and **evaluate** a circuit training session based on the scenario below. You will need to source appropriate equipment and location for your delivery and participants to role play the clients.

Scenario:

A group of 3 local netballers have joined a gym together to prepare themselves for the upcoming season. Last season they lost the grand final in the final 5 minutes of the game. So now they're looking to improve their endurance and keep up their speed and explosiveness on court for the entire match to ensure it doesn't happen again.

All participants:

- *are aged between 20 and 30*
- *have reasonable levels of fitness and have all used the gym individually before*
- *do not have any major injuries, medical condition, illnesses or risk factors*
- *can participate in the circuit as a group, 3 times per week*

1. Design a **50-minute** circuit session that the group can complete when visiting the gym together. Record your session design on the 'Circuit Session Plan' template included in this assessment.
 - a) Ensure that your circuit:
 - b) Includes a detailed warm up and cool down component
 - c) Includes a variety of exercises
 - d) Includes a diagram to indicate the layout of your circuit stations
 - e) Follows the principles of exercise programming and prescription
 - f) Thoroughly records all details of the circuit on the 'Circuit Session Plan' template
 - g) Is appropriate for the fitness/experience level of the participants
 - h) Lists the aims and fitness objectives of the circuit session at the top of the 'Circuit Session Plan' template.

[CLICK HERE](#) to be taken to the program marking checklist

Assessor Use Only

Satisfactory

Resubmit



Client Name:		Session Duration:		Session Frequency:		Session Aims and objectives:		
Exercises		Sets/ Revolutions	Reps/ Time/ Distance	Rest Period	RPE	Equipment Required	Circuit Diagram	
Warm up								
Activity to raise HR:								
Dynamic Stretches:								
Circuit Training Program								
Exercises		Sets	Time/ Distance	RPE	Equipment Required			
Cool Down								
Activity to decrease HR:								
Static Stretches: (Please tick relevant muscle groups)		Pectorals/ Deltoids Upper Back/ Traps Lower Back/ Latissimus Dorsi		Biceps Triceps Abdominals	Gluteals Hamstrings Quadriceps	Hip Flexors Adductors Calves	Other: Please list	
Additional Considerations:		Gym Etiquette:					Specific Client Recommendations:	





2. Source a group of **3** friends, family members or classmates to act as your participants and instruct the group members through the circuit.

As part of the instruction you must:

- a. Allocate equipment, making sure it is available in safe working order prior to the session
- b. Introduce and explain the safety considerations of each exercise
- c. Demonstrate equipment with proper technique
- d. Provide clear and accurate instruction
- e. Use appropriate communication to encourage and support the clients
- f. Monitor each client's performance for any intolerance and regress the exercise as required, or progress the exercises based on the clients' fitness level and ability if required.
- g. Ask clients for feedback to confirm their understanding and utilize RPE to gauge intensity
- h. Determine and record the correct equipment settings for the client to match the intended intensity
- i. Respond appropriately to any client questions
- j. Record all programming variables, instructions or modifications to the original plan on the program card

Assessor Use Only

Satisfactory

Resubmit



ASSESSMENT TIP

Before you instruct your circuit training session, the following resources may assist you!

CLICK on each of the resources to view:

- [Video Presentation - Circuit Training Session](#)
- [Resource 8.1 - Circuit Card Templates \(These may assist you in running your session\)](#)

NEED HELP?

Struggling with this assessment?

[CLICK HERE](#) to contact our helpful student support team!



3. Following the circuit instruction session have **one client** complete the session evaluation form included in this assessment. Include the completed electronic forms for submission with this assessment or alternatively scan and upload the original hand written copies. 3. Also complete the 'Self Evaluation' form yourself to assess your own performance. Submit your evaluation form with this assessment.

Assessor Use Only	
Satisfactory	Resubmit

4. Use the feedback from your participants and from your own evaluation to complete a full self-evaluation of your session. Answer the following questions as part of your review:

a. What were the positive aspects of your circuit session? Provide **two examples**.

Example 1)



Example 2)

b. What were the negative aspects of your circuit session? Provide **two examples**.

Example 1)



Example 2)

c. How effective were your instructional skills? Give an example:

d. What modifications would you make to improve your performance in future circuit sessions?

Provide **two examples** and give the reasons for each:

Example 1)

Rationale:

Example 2)

Rationale:



Assessor Use Only	
Satisfactory	Resubmit



Participant Evaluation Form - Client 1

Thank you for your participation in the activity. To assist with future improvements, please complete the following questions and return to the instructor at the end of the session.

***Compulsory required fields (AFA assessors may contact you to verify your participation)**

*Participant Name:

Activity:

*Participant Phone Number:

Date:

Instructor Name:

1. Did the instructor explain and demonstrate the exercises enough to allow you to adequately perform them again unsupervised? Y / N
2. Did the instructor demonstrate and explain the safety considerations of the equipment? Y / N
3. Was the instructor clear in their communication? Y / N
4. Did the instructor demonstrate each of the exercises correctly before asking you to participate? Y / N
5. Did the instructor mention the purpose of each exercise when instructing? Y / N
6. Did the instructor instruct you through the warm up and cool down components? Y / N
7. Describe how the instructor monitored you during the session to ensure you were applying the exercises properly:
8. Did the instructor make any adjustments to your exercises or technique during the session? Y / N Please describe:





Participant Evaluation Form (Continued) - Client 1

9. Did the instructor ask you for feedback throughout the session? Y/ N.

Please describe:

10. Did you feel that the intensity of the exercises were appropriate to your experience level and fitness level? Y/ N.

Please explain:

11. Did the instructor record all of the equipment required on the program card?

Y/ N

12. Did the instructor complete the program show in approximately 30 mins? Y / N

Please list the time taken:

13. Did the instructor explain how to read the program card? Y / N

14. Explain the strategies the instructor used to encourage and support you throughout the program:

15. Did the instructor change any exercises that were too difficult or too easy? Y/ N

Please explain:

16. Please detail any ways you feel the instructor can improve on their performance:





Instructor Self -Evaluation Form

This form is to be completed by the instructor after the session.

Activity:

Date:

Instructor Name:

Location:

1. Did you feel that you explained and demonstrated the exercises enough to allow your participants to adequately participate? Y / N
2. Were you clear in your communication with your participants? Y / N
3. Did you adjust exercises for any participants where required (e.g. injuries, skill level?)
Y / N
4. Did you mention the aim of the circuit session? Y / N
5. Did you allocate number/ picture cards to each station for easy identification? Y / N
6. Describe how you monitored your participants during the session to ensure they were completing the exercises properly?
7. Did you feel you encouraged and motivated your participants during the circuit session?
Y / N Please describe:
8. Did you feel the participation was maximised and you included all participants as part of the group throughout the session?
Y / N Please describe:
9. Did you feel the exercise intensity and skill level was appropriate for your participants fitness and experience levels?
Y / N Please describe
10. Did your exercise selection and order of selection allow for smooth transitions between stations? Y / N





Assessor Use Only

Assessment 8.3 (Question 1) - Program Checklist

Group names and session details listed correctly	Yes	No
Warm up - Includes an appropriate activity to gradually raise heart rate	Yes	No
Warm up - Appropriate dynamic stretches listed (minimum 3)	Yes	No
Warm up - Appropriate time and RPE listed	Yes	No
Warm up - Warm up training variables meet the group's goals, including specific considerations	Yes	No
Body of workout - Circuit stations (resistance / cardiovascular) address the group's goals and session aims	Yes	No
Body of workout - Circuit is balanced and based on the group's goals and specific considerations	Yes	No
Body of workout - Exercise complexity is suitable to the level of the group	Yes	No
Body of workout - The exercise order is suitable for the group	Yes	No
Body of workout - Circuit station duration (sets / revolutions, reps / time / distance) rest period, and intensity (RPE) are appropriate to the training status and goals of the group	Yes	No
Body of workout - Total circuit duration (stations x time x repeats) matches session duration	Yes	No
Body of workout - All required equipment is listed for the warm up, body of the workout and cool down	Yes	No
Body of workout - Circuit diagram is correctly completed	Yes	No
Cool down - Includes an appropriate activity to gradually decrease heart rate	Yes	No
Cool down - Static stretches selected, appropriate to the group's goals and session aims	Yes	No
Cool down - Appropriate time and RPE listed	Yes	No
Cool down - Cool down training variables meet the group's goals, including specific considerations	Yes	No
Additional considerations are listed and are suitable for the group	Yes	No

Total Marks out of 18 /

Please note: A score of 14 or below will require you to re-attempt and resubmit this assessment. If this is the case, please refer to this checklist and your assessors feedback for assistance.



Assessor Use Only

Performance Feedback/ Comments:

[CLICK HERE](#) to view the AFA grading system

Assessment Result

Result	Performance Rating	
Not Yet Satisfactory (Resubmit)	1 - Not Satisfactory	
Satisfactory	2 - Satisfactory	
	3 - Good	
	4 - Excellent	

Assessor Name:

Assessor Signature:

Date: