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| **Co – op Evaluation Form to be filled out by Participant** |  |
| **NAME OF FNE STUDENT:**  **Date/Location**  **Name of Participant:** | **COMMENTS / RATING**  *Please note if there is a rating scale, 1 is needs further coaching/ improvement & 5 is excelling expectations* |
| Which workout did the student teach? |  |
| Was the instructor prepared and ready to rock? | 1 2 3 4 5 |
| Did the instructor perform a total body dynamic warm up to get peeps warmed up? | 1 2 3 4 5 |
| Was the instructor clear on the explanations/instructions of what the workout would include prior to starting? | 1 2 3 4 5 |
| Did the instructor explain correct form and describe exercises? Benefits? | 1 2 3 4 5 |
| Did she offer levels? Modifications? | 1 2 3 4 5 |
| Did the instructor keep her explanations of exercises and transitions during the workout quick & fluid so participants were constantly active and engaged? | 1 2 3 4 5 |
| Did the instructor ensure that all chicks were pushed/ encouraged to try harder levels or heavier weights? | 1 2 3 4 5 |
| Did the instructor appear confident in her fitness knowledge; take ownership of the group and high energy? | 1 2 3 4 5 |
| Did the instructor talk loud enough for the entire group to hear? | 1 2 3 4 5 |
| Did she motivate the group? | 1 2 3 4 5 |
| Was the instructor managing her time effectively and teaching her areas with the correct timing? (ie start and end on time) | 1 2 3 4 5 |

**Please list areas of fabulousness**

**Please list areas of improvement**

**Additional comments/feedback**