**Exhibit 8-3 Lesson Plan Template**

Name of Instructor/Trainer/Coach: \_\_\_\_\_\_\_\_\_ Date/Time of Class/Training Session: \_\_\_\_\_\_\_\_\_

Name of Class/Training Session or Client(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major Objectives of this Class/Training Session:**

**Safety Principles to be Taught or Reviewed in this Class/Training Session:**

**Warm-Up Activities: (Estimated Time: \_\_\_ minutes)**

**Conditioning Activities:**

**Aerobic Activities: (Estimated Time: \_\_\_ minutes)**

**Resistance Activities: (Estimated Time: \_\_\_\_ minutes)**

**Neuromotor and/or Other Activities: (Estimated Time: \_\_\_\_ minutes)**

**Cool-Down Activities: (Estimated Time: \_\_\_ minutes)**

**Stretching Activities: (Estimated Time: \_\_\_ minutes)**

**List the Names of Beginners, Low-Fit/Deconditioned Participants, and/or Individuals with Medical Conditions Participating in this Class/Training Session:**

**Describe Precautions for Each that will be Taken to Help Ensure Their Safety:**

**Exhibit 8-4 Lesson Plan Evaluation Template**

Name of Instructor/Trainer/Coach: \_\_\_\_\_\_\_\_\_ Date/Time of Class/Training Session: \_\_\_\_\_\_\_\_\_

Name of Class/Training Session or Client(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reflection/Self-Evaluation**

1. Were the objectives of the lesson plan met? If not, explain.
2. Describe any changes made with the lesson plan and why.
3. How could the lesson plan be improved?

**Situations that Occurred**

\_\_\_\_\_ Check (√) here if no situations occurred.

1. Check (√) if any the following occurred?

\_\_\_\_\_\_ Participant behavior problem

\_\_\_\_\_\_ Participant complaint of pain or overexertion

\_\_\_\_\_\_ Concerning comment made by a participant

\_\_\_\_\_\_ Participant overexertion or injury

\_\_\_\_\_\_ Equipment problem

\_\_\_\_\_\_ Facility problem

\_\_\_\_\_\_ Other, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For each item checked above, describe the situation occurred and list names of the participant(s), if applicable. Also, describe how you responded to the situation.

**NOTE:** Facility Policy: Some of the items checked require completion of certain Facility Forms such as an Incident Report or Injury Report. See the Manager on Duty for assistance. Also, inform your supervisor if you checked any of the above items (situations that occurred).