

ASSESSMENT COVER SHEET

This cover sheet is to be fully completed and submitted with your Assessment.

Instructor Name: _____

Address: _____

Phone Contact: _____ Email: _____

Club Name: _____ Club Representative: _____

Module Training Date: _____ Module Training Trainer: _____

Module Training Outcome: PASS WITHHELD

Please tick (✓):

ASSESSMENT

ASSESSMENT RESUBMITTED

Please indicate the program release you are submitting for assessment: _____

Self-analysis Summary:

How did you feel about the class you taught?

Detail any instructing goals you are striving to achieve right now:

List any areas that you have identified as having done really well:

List any areas that you have identified as requiring your ongoing attention:

List any information that you would like your Les Mills Assessor to take into consideration:

Instructor's Signature

Club Representative's Signature

Date Video Submitted: _____

