

ASSESSMENT INFORMATION

(Please send this with your Video or DVD)

First Name: _____ **Last Name:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: () _____ **Cell Phone:** () _____

Work Phone: () _____

Personal Email: _____

Work Email: _____

Club/Facility Name: _____

Club/Facility City: _____ **Club/Facility State:** _____

Club/Facility Zip: _____ **Club/Facility Phone:** () _____

Group Ex/Aqua Director's Name: _____

Group Ex/Aqua Director's Email: _____

GFM Phone: () _____

Date Trained: _____ **Trainer Name:** _____

Training Location: _____ **Training Grade:** _____

Please describe your Group Exercise Teaching Background: _____

FILM Class Time Slot: _____ **Number of participants in class:** _____

How did you feel about the class you taught? _____

List your current teaching goals: _____

