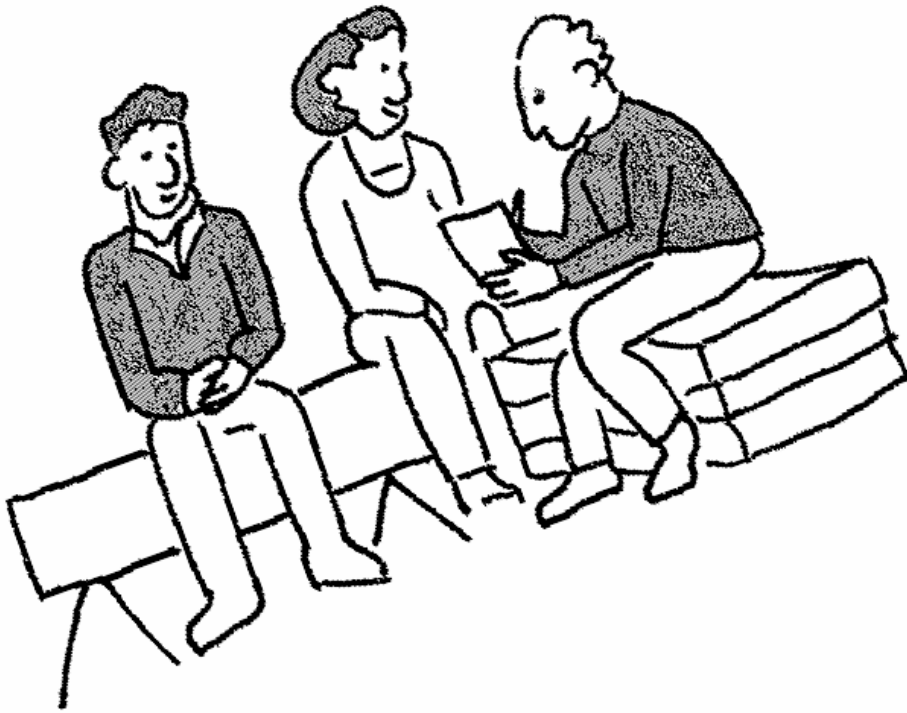


# Level 1 Coach Accreditation - **TEACHERS**

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NAME: \_\_\_\_\_

SCHOOL STAMP \_\_\_\_\_

**Assessment Pack**

## About Technical Membership

To be eligible for Level One Accreditation, a number of Assessment Tasks must be successfully completed. Coaches/Teachers in training who intend on teaching gymnastic skills in a Club setting **are not eligible** for these Post Course Assessment Tasks. These Post Course Assessment tasks are specifically for teachers who intend on **teaching gymnastics in the school setting**.

Teachers who achieve their Level One Accreditation with these alternate Post Course Assessment Tasks, will be eligible for Technical Membership in this category:

- Technical Member – Teacher.

This membership includes the ASC accreditation, but has no insurance cover.

Teachers who want the benefit of insurance cover with Technical Membership should complete the Post Course requirements for a Coach. They are then eligible to apply for Technical membership as Coach/ Teacher. This membership includes insurance cover and ASC accreditation

Gymnastics Australia has not included Trampoline Sports with a Teacher option for Post Course requirements. Trampoline Sports include activities with assisted spring, which is a higher risk activity.

Teachers who wish to teach Trampoline skills should participate in the relevant course and complete the Post Course requirements in a Gymnastic Club setting, where there is more opportunity to develop ‘on the job’ training in a supervised environment.

## Level 1 Accreditation – Assessment Checklist for Teachers

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

School Name: \_\_\_\_\_

Please tick the Accreditation you are completing the Post Course requirements for:

MAG	<input type="checkbox"/>	WAG	<input type="checkbox"/>	RG	<input type="checkbox"/>	GG	<input type="checkbox"/>	KO	<input type="checkbox"/>
ACRO	<input type="checkbox"/>	CL	<input type="checkbox"/>	GSK	<input type="checkbox"/>	AER	<input type="checkbox"/>		

To ensure you meet all Accreditation Assessment requirements complete the following checklist as you go.

**ASSESSMENT TASK****DUE DATE**

- ***Completion of Home Study Packs***

- ***Completion of Assessment Tasks from each Unit of the Principles of Coaching Gymnastics and Gym Sport Gymnastics Course***

(Each Unit within these Courses contains worksheets, which must be completed to provide evidence of you achieving the desired Learning Outcomes. The Assessment Checklist at the end of each Unit, will be used to record such evidence)

- ***Preparation of a Unit Plan for all Grade Levels that you will be teaching gymnastics.***

(a pro-forma has been included on page 3 of this Assessment Pack)

- ***Preparation of 3 Lesson Plans, drawn from your Unit Plan, and relevant to the Gym Sport discipline.***

(before submitting these plans ensure you conduct the lessons, self-evaluate your performance, video one lesson.)

- ***A VHS Video of a Practical Coaching Session.***

(This must be based on one of your submitted Lesson Plans)

- ***Practical Coaching Experience***

In lieu of the Practical Coaching experience that you would normally undertake in a Club setting with a qualified Gymnastics Coach, your School Principal / Senior Sport Coordinator will verify your teaching experience – 40 Hours

All Assessment documents to be forwarded to:-



2. **Prepare 3 (4 – Kindergym) Lesson Plans, drawn from the Unit Plan you have prepared above, by completing the Lesson Plan pro-formas provided on the following pages.**

**Once you have prepared the Lesson Plans you need to conduct the lessons and complete a self-evaluation of your coaching/teaching performance.**

# Level 1 Gymnastics Coach Accreditation – SAMPLE Lesson

Term:- 1 Lesson No: 5

Description of Class/Program: **Fundamental Gymnastics**

## Main Aim of Lesson

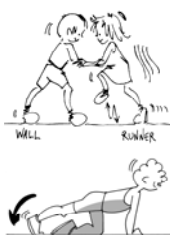
Participants gain skills associated with DMP- Spring & Landing & Rotation. These skills are fundamental skills for gymnastics and can assist with 'life skills' for other sports.

## Warm up

Duration:- 10 mins

### Activities:-

1. Fun & Fast: Random run. Call 'stop'. Partner up. Call 'go'. Run on spot. Swap. Repeat
2. Stretch all major muscles & joints. Stretch ankles & wrist specifically for activity



**Equipment Required**

- Hand apparatus
- Crash mats
- Other matting
- Boxes
- Benches

## 1<sup>st</sup> Section of Lesson : Spring & Landing (Circuit)

Duration:- 10 mins

**Key Coaching Points:**

- Maintain open & upright chest
- Safety landing position ( motor bike)
- Jump up rather than out

Cater for individual needs:  
Offer a lower height as a station alternative

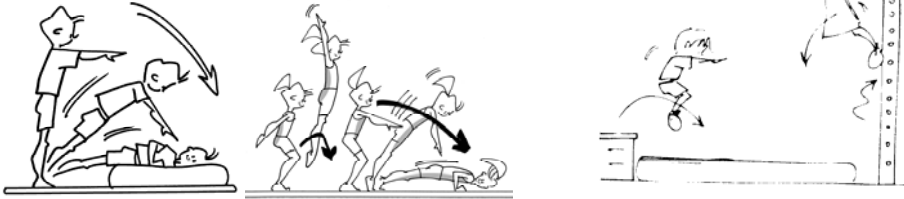
Teacher stands where they can observe all activity  
(Directly supervise)

**2<sup>nd</sup> Section of Lesson: Prone Safety Landing (Direct Teaching )**

**Duration:- 10 mins**

KCP: Distribute weight evenly. Spread fingers. Bend arms on landing.  
Turn head to side

Teacher stands where they can observe all activity  
(Directly supervise)



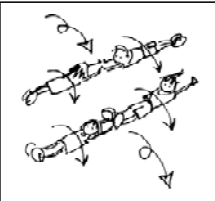
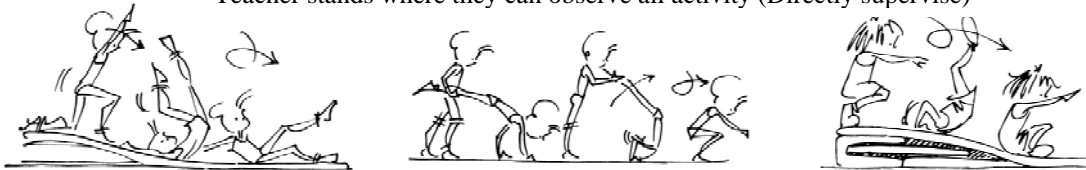
Offer the activity from springing down from a variety of raised surfaces!

Cater for individual needs:  
Offer the activity from a bent knee push up position as a station alternative!

**3<sup>rd</sup> Section of Lesson : Rotation (Circuit)**

**Duration:- 10 mins**

Teacher stands where they can observe all activity (Directly supervise)



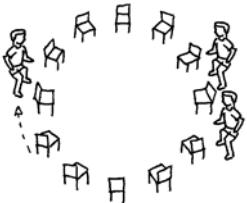
KCP's: Hips high. Tuck head. Strong arms! Maintain tight tuck for exit, unless leading with one leg!

Cater for individual needs: Offer the activity as a log roll variations if needed. This is also a good alternative as a rest/fun activity station!

**Cool Down**

**Duration:-**

**Activities:-**



Stretch all major joints and muscles  
Fun and tapering 'musical chairs'.  
Start fast and slow them down...fast locomotor movements around chairs initially... then slow...  
croc walks etc!

**Equipment Required**

Chairs  
Music



**Key Coaching Points:**

**2<sup>nd</sup> Section of Lesson**

**Duration:-**

[Empty box for notes]

**Key Coaching Points:**

**3<sup>rd</sup> Section of Lesson**

**Duration:-**

[Empty box for notes]

**Key Coaching Points**

**Cool Down**

**Duration:-**

**Activities:-**

**Equipment Required**

[Empty box for equipment list]



## Level 1 Coaching Course Assessment Task – Lesson Plan Number 2

Term:- \_\_\_\_\_ Lesson No: \_\_\_\_\_ Description of Class/Program: \_\_\_\_\_

### Main Aim of Lesson

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### Warm up

Duration:-

Activities:-

### Equipment Required

### 1<sup>st</sup> Section of Lesson

Duration:-

**Key Coaching Points:**

**2<sup>nd</sup> Section of Lesson**

**Duration:-**

**Key Coaching Points:**

**3<sup>rd</sup> Section of Lesson**

**Duration:-**

**Key Coaching Points**

**Cool Down**

**Duration:-**

**Activities:-**

**Equipment Required**







**2<sup>nd</sup> Section of Lesson**

**Duration:-**

**Key Coaching Points:**

**3<sup>rd</sup> Section of Lesson**

**Duration:-**

**Key Coaching Points**

**Cool Down**

**Duration:-**

**Activities:-**

**Equipment Required**



**Level 1 Coaching Course Assessment Task ( Kindergym)  
– Lesson Plan Number 4  
SPECIAL THEME DAY**

Term:- \_\_\_\_\_ Lesson No: \_\_\_\_\_ Lesson Theme: \_\_\_\_\_

**Main Aim of Lesson**

Age Group(s) \_\_\_\_\_ No. of Participants \_\_\_\_\_

**Warm up**

Duration:-

Activities:-

**Equipment Required**

**Free Play:**

**Notes and Floor Plan (including details of special elements to support theme)**

Duration:-

**Group Time: Details of Activities and equipment/music utilised**

**Duration:-**

Empty box for Group Time details.

**Guided Discovery: Notes**

**Duration:-**

Empty box for Guided Discovery notes.

**Cool Down**

**Duration:-**

**Activities:-**

**Equipment  
Required**



**Self-Evaluation – Comments**

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**Supervising Coach – Evaluation comments**

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*Please Note: The Supervising Coach will also need to complete the three-page evaluation, which is included over page, for each Lesson observed.*

\_\_\_\_\_  
**Candidates Signature**

\_\_\_\_\_  
**Date**



# FEEDBACK CHECKLIST FOR TRAINEE TEACHER/COACH – VIDEO ANALYSIS

*This form has been designed to be filled out by the Post Course Assessor during the evaluation of the video of the practical teaching/ coaching session, to assist Trainee Teachers/Coaches.*

## A. GENERAL DETAILS

Trainee's Name: \_\_\_\_\_

Discipline Accreditation Sought: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_ Trainee's Role: \_\_\_\_\_

Type of Lesson Viewed: \_\_\_\_\_

***Within their Lesson Plan: Did the Trainee Teacher/Coach:***

**YES      NO**

Clearly state their objectives?      

Are the objectives appropriate to the age group/program type?      

***For the Warm-up: Did the Trainee Teacher/Coach:***

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Assembly participants appropriately to start the warm-up                      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Conduct a balanced Warm up? (were all major muscle groups worked)             | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did the warm-up commence with energetic activities? (fun & fast moving games) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Utilise appropriate stretching activities?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are activities appropriate to the participant's age/abilities?                | <input type="checkbox"/> | <input type="checkbox"/> |
| • Catch the participant's attention quickly?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Involve all participants?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Increase participants body temperature / heart rate appropriately?            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Maintain good class control?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was music use?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Was any supplementary equipment utilised?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Move participants onto 1 <sup>st</sup> activity appropriately?                | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:- \_\_\_\_\_

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**Body of Lesson: Did the trainee Teacher/Coach**

- Incorporate Physical Preparation Activities into the Lesson?
- Break skill learning into sequential steps?
- Ensure appropriate drills/progressions were being completed/provided?
- Stress key coaching points and Safety?
- Provide clear instructions?
- Have everyone involved through continuous activity?
- Supervise all participants at all times?
- Use equipment effectively?
- Communicate positively with participants?
- Recognise and cater for an individual's needs?
- Maintain class control?
- Do activities work towards/achieve stated objectives of Lesson?
- Was supplementary equipment utilised to assist with teaching of skills?
- Did lesson flow?

Additional Comments:- \_\_\_\_\_

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**Cool Down: Did the trainee Teacher/Coach**

- Are participants brought into the Cool down area appropriately?
- Is everyone involved?
- Is good class control maintained?
- Do activities slow and stretch participants appropriately?
- Are opposing muscle groups stretched?
- Are participants organised appropriately to leave the gym?

Additional Comments:- \_\_\_\_\_

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**Communication: Did the trainee Teacher/Coach**

- Provide clear and succinct feedback and instructions?
- Handle disciplinary situations appropriately?
- Maintain good, clear voice control?
- Get along with participants through displaying good humour?
- Use other non-verbal communication with participants?
- Address participants appropriately?
- Correct errors as they occurred by **constructive** feedback?
- Check understanding of participants with regards to instructions and safety?

**General Points - Personal: Did the trainee Teacher/Coach**

- Have everything ready and arranged for the lesson?
- Dress appropriately for the Lesson?
- Act in a Professional manner?
- Show enthusiasm?
- Display a positive attitude towards their Coaching?

**General Points - Presentation: Did the trainee Teacher/Coach**

- Present the right amount of material?
- Present material in a logical format?
- Present the material at the right level for the participants?
- Demonstrate a sound knowledge of material being presented?
- Cover all key points/information, relevant to the desired learning experience?

**General Points – Use of Teaching Aids: Did the trainee Teacher/Coach**

- Have equipment set-up and ready for use?
- Use supplementary equipment to assist with teaching of skills?
- Sufficient variety?

**ADDITIONAL COMMENTS:-**(ie: Strengths/Areas requiring more work)

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\_\_\_\_\_  
Signature of Post Course Assessor

\_\_\_\_\_  
Date



**C. VERIFICATION OF 10HRS COACHING PRACTICE POST COURSE**  
***Must be undertaken Post Course***

I \_\_\_\_\_ verify that \_\_\_\_\_  
(Name of School Principal or Senior Sport Coordinator) (Name of Trainee Teacher)

has completed 10 hrs of Practical Coaching Post Course . I believe the Trainee Teacher named above has completed all the necessary training requirements and should be considered for Level 1 Gymnastics Coach Accreditation.

\_\_\_\_\_  
(Signature of School Principal / or Senior Sport Coordinator) (Date)

## GYMNASTICS LEVEL 1 COACHING COURSE EVALUATION FORM

Please circle YES or NO to the following questions

QUESTION	ANSWER	COMMENTS
Did you find the Course useful?	YES NO	
Did the Course meet your needs?	YES NO	
Did you find the Course too much for the time allocated?	YES NO	
Were the lecture sessions too long?	YES NO	
Was the information too technical?	YES NO	
Did you find the lecturers inspiring?	YES NO	
Did you find the timing of the course suitable?	YES NO	

**Which aspects of the Course have you found most useful?**

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**Which aspects of the Course did you find least useful?**

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**What comments or suggestions would you make to improve the Course?**

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**GYMNASTICS LEVEL 1 COACHING COURSE  
EVALUATION FORM**

Could improvement be made in respect of any of the following areas of Course organisation, presentation and content. Please comment as required.

**Pre-Course Publicity**

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**Duration and Timing of the Course**

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**Course Resources (ie. Overheads, Workbooks, Course textbook)**

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**Mix of Theory and Practical Content**

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**Additional Content. Please suggest additional subjects or activities you would like to see included in the course.**

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**Any other comments.**

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**Thank You for your Assistance**

**Please hand this Course Evaluation Form to your Course Coordinator or submit it together with your Accreditation Assessment requirements**