**Unit 6 Programming Pilates matwork**

**Unit accreditation number: H/602/5325**

**Your Name Date**

**Group profile**

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| **Number of clients:** | **Gender ratio M:F:** | | **Age range:** |
| **Level of class (Starter/beginner, improver/intermediate, experienced/advanced):** | | | |
| **Duration of session:** | | **Numbers of sessions per week:** | |
| **Individual needs:** | | | |
| **Client goals**: | | | |
| **Review stages and outcome measures you will use to check client’s progress:** | | | |
| **Special considerations relating to posture and alignment or functional limitations:** | | | |
| **Physical / technical demands of class:** | | | |
| **Resources required:** | | | |
| **Health and safety information, e.g. space, layout, temperature, ventilation, flooring, lighting, use of music, personal clothing and equipment:** | | | |

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| **Assessor’s feedback:** |