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| **CYCLE RIGHT COURSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURSE FORMAT** Min 4 hours Please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **GROUP NAME and LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PLEASE NOTE:** Sessions should be arranged on a weekly basis to allow time for practice and learning between sessions. |
| **COURSE CONTENT**  BIKE FIT □ BIKE INTRODUCTION □ GETTING ON/OFF BIKE 🞏 STARTING TO MOVE 🞏 STRIDING 🞏 GLIDING 🞏 PEDALLING 🞏 STARTING and CYCLING INDEPENDENTLY □ TURNING 🞏 |
| **TRAINER INTERACTION**  INTERACTION WITH LEARNERS Excellent □ Very Good □ Good 🞏 In need of improvement 🞏  INTERACTION WITH ASSISTANTS Excellent □ Very Good □ Good 🞏 In need of improvement 🞏  KNOWLEDGE OF CONTENT Excellent □ Very Good □ Good 🞏 In need of improvement 🞏 | |

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| **PARTICIPANTS LEARNING TO CYCLE INDEPENDENTLY WITH A DISABILITY, FOR THE FIRST TIME?**  YES 🞏  NO 🞏 NUMBER OF PARTICIPANTS \_\_\_\_\_ OUTCOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **COMMENT:** |
| **WHAT WERE THE BENEFITS OF PARTICIPATING IN THE CYCLE RIGHT LEARN TO CYCLE PROGRAMME?** |
| **WERE ANY DIFFICULTIES ENCOUNTERED WITH THE PROGRAMME?** |
| **HAVE YOU ANY SUGGESTIONS YOU WOULD LIKE TO MAKE WITH REGARDS TO THE PROGRAMME?** |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_