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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 \_\_\_\_\_\_\_\_\_\_\_\_