Department of Health, Kinesiology and Sport

Physical Activity Course Proficiency Form

Applicant Name:	Date:
-----------------	-------

Self evaluate your competency to teach the activity courses listed below. This form is to help us gauge your current ability. You may be required to learn new skills in order to teach courses in which you are currently not proficient. Activity course assignments are based on the needs of the Department.

Physical Activity Courses	Very Proficient	Proficient	Not Proficient
Aerobics	_		
Badminton			
Basketball			
Dance			
Disc Golf			
Fitness Bootcamp			
Jogging			
Pickleball			
Racquetball			
Soccer			
Spinning			
Step Aerobics			
Swimming			
Tennis			
Ultimate Frisbee			
Volleyball			
Weight Training			
Yoga			

List any previous teaching experience and/or courses you have interest in teaching not listed above:

List any professional certifications you currently hold: