

Appendix A

Trained Observer Checklist

	Date	Date	Date
1. Safety: Appropriate Exercise Apparel____, absorbent surface____, hydration____, environment____ (#/4)			
2. Field tests performed & recorded			
3. Ball throw trial 1 _____, trial 2 _____			
4. Vertical jump trial 1 _____, trial 2 _____			
5. Broad jump trial 1 _____, trial 2 _____			
6. Individual goal trial 1 _____, trial 2 _____			
7. Appropriate focus for the session (vertical or horizontal power)			
8. Four upper extremity exercises performed # of exercises _____ Total # of reps _____			
9. Four lower extremity exercises performed # of exercises _____ Total # of reps _____			
10. Each exercise lasts 10 to 15 seconds (+ or -)			
11. 30 to 90 second rest between lower extremity exercises (+ / -)			
12. 30 to 90 second rest between upper extremity exercises (+ / -)			
13. Exercise load increased appropriately (+ or -) Increase in number of repetitions, weight, distance or height			
14. Warm up and cool down performed (+ or -)			
Concerns reported: 0= no concern, 1= sprain/strain, 2=muscle soreness, 3= safety concern, 4=fatigue, 5= injury, 6= fall			
Start time _____, End time _____ Total length of session _____			