

Assessment Tracking Checklist

Name: _____

Item	Date Received	Started ✓	Completed ✓	Date Handed in
BLOCK 1				
KFP1 Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
KFP1 Take Home Exam		<input type="checkbox"/>	<input type="checkbox"/>	
KFP2 Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
KFP2 Take Home Exam		<input type="checkbox"/>	<input type="checkbox"/>	
KFP3 Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
KFP3 Take Home Exam		<input type="checkbox"/>	<input type="checkbox"/>	
KFP4 Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
KFP4 Take Home Exam		<input type="checkbox"/>	<input type="checkbox"/>	
HLTKIN002 Conduct Indicator Muscle Monitoring Take-home Exam		<input type="checkbox"/>	<input type="checkbox"/>	
HLTKIN002 Conduct Indicator Muscle Monitoring Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
Muscle Monitoring and Client Consultations Logbook	<i>Due in Block 4 – See Block 4 list</i>			
HLTKIN001 Develop Kinesiology Practice Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
KPA Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
Client Information Form, Database Scan Chart, Home Activities Scan Chart		<input type="checkbox"/>	<input type="checkbox"/>	
HLTKIN003 Perform Kinesiology Assessments Take-home Exam		<input type="checkbox"/>	<input type="checkbox"/>	
CHCDIV001 Work with Diverse People		<input type="checkbox"/>	<input type="checkbox"/>	
POEM Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
POEM Take-home Exam		<input type="checkbox"/>	<input type="checkbox"/>	
CA Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
CA Take-home Exam		<input type="checkbox"/>	<input type="checkbox"/>	