

School..... Instructor(s)..... Start date..... Finish date.....

**Safer Cycling
Scheme
Continuous
Assessment**

Full Name	Session 1																			
	Cycle Check																			
											Control / Balance									
											Starting position									
											Starting drill									
											Stopping drill									
											Signalling									
											Talking points									
											Session 2									
											Cycle Check									
											Left turn on									
											Left turn off									
											Overtaking									
											Talking points									
											Session 3									
											Cycle Check									
											Right turn on									
											Talking points									
											Session 4									
											Cycle Check									
											Right turn off									
											Talking points									
											Session 5									
											Cycle Check									
											Start									
											Stop									
											Left on									
											Left off									
											Overtake									
											Right on									
											Right off									
											General attitude									
											Homework									