Evidence Log

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| Unit Title: Shiatsu: Lifestyle Medicine | Unit Code(s): J/618/0174 |
| Unit Level: Level 4 | Unit Credit Value: 15 (75 GLHs) |
| Course Name: Laser Level 4 Diploma in Shiatsu  |
| Course Start Date:  | Course End Date: |
| Learner Name: |
| Tutor Name:  | Centre/Venue: |
|  |  |  |  |
|  | Date Assessment Criteria Met | LocationofSupporting Evidence | TUTOR SIGNATURE |
| **LO 1**  | **Understand factors that influence health and well-being.** |
| AC 1.1  | Review own belief system as to what constitutes ‘good health’ |  |  |  |
| AC 1.2 | Evaluate how the context in which people live affects their health and well-being |  |  |  |
| AC 1.3 | Evaluate how previous and present care/case history may affect client health and well-being in relation to delivery of Shiatsu |  |  |  |
| AC 1.4 | Explain how psychological and emotional balance can affect health and wellbeing |  |  |  |
| AC 1.5 | Analyse how diet, exercise and other lifestyle factors can affect health and wellbeing |  |  |  |
| **LO 2**  | **Be able to support the health and well-being of clients.** |
| AC 2.1  | Use appropriate communication skills to support healthy lifestyle choices for clients to cover:a) psychological and emotional balanceb) dietc) exercise/physical activityd) other relevant lifestyle factors |  |  |  |
| AC 2.2 | Provide tailored health and wellbeing recommendations/advice specific to individual circumstances |  |  |  |
| AC 2.3 | Demonstrate appropriate relaxation techniques and breathing exercises with clients  |  |  |  |
| **LO 3**  | **Understand outcomes of Shiatsu in relation to health and well-being.** |
| AC 3.1  | Evaluate a range of outcome measurement tools/approaches that can be used with clients to include:a) questionnairesb) client feedbackc) self-reflection/self-evaluationd) record keeping/documentation |  |  |  |
| **LO 4**  | **Be able to evaluate outcomes of Shiatsu in relation to health and well-being.** |
| AC 4.1  | Utilise a range of outcome measurement tools/approaches with clients to include:a) questionnairesb) client feedbackc) self-reflection/self-evaluationd) record keeping/documentation |  |  |  |

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| Tutor Feedback |  | Tutor Name, Signature and Date |
| Learner Comment |  |