

**A Matter of Balance: Managing Concerns About Falls**  
**Coach Training Check List**

**Location:**

**Master Trainer/s:**

**Training Dates:**

**Time:**

\* Initial and date when complete

Task	Complete	Task	Complete
Room Reserved for Training		Pencils & markers	
Coach Handbooks _____ Number		Refreshments, cups, plates, napkins	
Dealing with Different People Assignment		A Matter of Balance Coach Certificates	
Activity Teach back Assignment		Health Professional Visit Name: Time and Date:	
Confidentiality forms		Memorandum of Understanding for Coaches (optional)	
Attendance sheet			
Name tags			
Agenda			
Videos: <i>MaineHealth MOB Video</i> <i>Fear of Falling</i> <i>Exercise is Never too Late</i>		<b>Notes:</b>	
TV with DVD Player or Computer			
Flip Chart			