



LIFESAVING SOCIETY®  
 SOCIÉTÉ DE SAUVETAGE

*The Lifeguarding Experts*  
*Les experts en surveillance aquatique*

**LIFESAVING SOCIETY – MANITOBA BRANCH**

504 – 138 Portage Avenue East  
 Winnipeg MB R3C 0A1  
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**CO-EXAMINER EVALUATION FORM**

Name _____	Phone _____
Address _____	Postal Code _____

Supervising Examiner _____	Phone _____
Dates of Exam _____	Location _____
Level _____	# Candidates / level _____
<b>Please attach a copy of the test sheet on which you do your Co-Exam</b>	

1 <sup>st</sup> Co-examination	Date submitted _____
2 <sup>nd</sup> Co-examination	Date submitted _____

**Instructions for Co-Examiner:**

Sign the form.

Once you have met all the criteria outlined on our Lifesaving Society Examiner policy, forward all documentation to the Lifesaving Society office (504-138 Portage Ave. E., Wpg. R3C 0A1) for review.

**Instructions for Supervising Examiner:**

Complete this evaluation by providing informative feedback.

Rate the candidate according to the criteria in each section and provide feedback on each skill. Sign the form.

	Excellent	Good	Satisfactory	Unsatisfactory
<b>Teaching Skills</b>				
Co-Examiner communicates well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Examiner facilitates learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Examiner uses learning principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				

	Excellent	Good	Satisfactory	Unsatisfactory
<b>Evaluation Skills</b>				
Self-evaluation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation standards met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				

