



LIFESAVING SOCIETY
SOCIÉTÉ DE SAUVETAGE

*The Lifeguarding Experts
Les experts en surveillance aquatique*

LIFESAVING SOCIETY – MB. BRANCH

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National Lifeguard Instructor Co-Teach Evaluation Form

Name _____	Phone _____
Address _____	Postal Code _____

Supervising Instructor _____	Phone _____
Dates of Course _____	Location _____
Level _____	# Candidates / level _____
Please attach a copy of the test sheet on which you do your Co-Teach	

The supervising Instructor must complete this evaluation form and sign accordingly. It is strongly recommended that the supervising Instructor discuss this evaluation with the Instructor candidate after the co-teach procedures are completed. For each section, grade the candidate according to the following scale and provide feedback on each skill.

	Excellent	Good	Satisfactory	Unsatisfactory
Teaching Skills				
Candidate communicates well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate facilitates learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate uses learning principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

	Excellent	Good	Satisfactory	Unsatisfactory
Evaluation Skills				
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 _____

	Excellent	Good	Satisfactory	Unsatisfactory
Knowledge				
Understands technical aspects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands policies/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Leadership				
Candidate built a good rapport with class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate cooperated well with Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate was adaptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate represented Society in a professional positive manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Safety Supervision				
Course conducted in a safe environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate prepared to conduct a course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate was well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Would you recommend this candidate to be certified as a Lifesaving First Aid Instructor?
 Yes No

Explain _____

Instructor Candidate _____ Date _____

Supervising Instructor _____ Date _____

Program Co-ordinator _____ Date _____