

Courage Kenny Rehabilitation Institute Ski and Snowboard

SITE(S) _____ YEAR _____ *Instructor Feedback Form*

VOLUNTEER: (Print Name clearly)				INSTRUCTOR LEVEL:	<input type="radio"/> LEAD	<input type="radio"/> ASSIST	<input type="radio"/> BUDDY
DATE:		YEARS OF EXPERIENCE:		WEIGHT LIMIT (total):		PSIA Certification:	
DISCIPLINE: Evaluate only 1 discipline per form		<input type="radio"/> STAND UP	<input type="radio"/> COG/VI	PRIVILEGE:	<input type="radio"/> TETHER	<input type="radio"/> RIDER BAR/RIGGERS	<input type="radio"/> SEAT ASSIST
<input type="radio"/> SNOWBOARD	<input type="radio"/> MONO SKI	<input type="radio"/> BI SKI			<input type="radio"/> SLIDER	<input type="radio"/> GUIDE - VI	<input type="radio"/> BOOT LOADING
LEVEL	Meets= element appears regularly	Improve= element is beginning to appear	Not observed= element not observed	TRAINER:	<input type="radio"/> CURRENT	<input type="radio"/> RECOMMEND	<input type="radio"/> NO

FUNCTIONAL SKI/RIDE	MEETS	IMPROVE	NOT OBSERVED	COMMENTS – Please write 2-3 comments in each section
Hockey Stop: L/R				
Turning: L/R				
Snowboard specific: Skidding/Carving				
Holding a Traverse/Side Slip/Falling leaf				
Backward Ski/ Switch Ride				
TECHNICAL APPLICATION	MEETS	IMPROVE	NOT OBSERVED	
Assessment, Equipment Set Up & Fit				
SB Equipment: Rider bar/Outriggers				
ATS: Drills and Progression				
Snowboard Performance/alignment				
5 Fundamentals of skiing				
Tethering				
Holds (stand up),Seat Assist (sit down)				
Equipment				
Teaching and Learning				
SAFETY	MEETS	IMPROVE	NOT OBSERVED	
Responsibility Code/SMART style				
Client/Instructor Safety				
Emergency Stop				
Chair Lift Load/Unload / Magic Carpet/ J-bar				
Falling/Getting Up				
Safety Policy Understanding				
Communication				

I understand that I _____ (volunteer instructor) am trained to instruct only with the techniques, disciplines, and students indicated above, as evaluated by volunteer trainer(s) and confirmed by the Program Coordinator. Volunteer Signature _____ Date _____
 Trainer PRINTED NAME _____ Trainer 2 PRINTED NAME _____

Office use only Date reviewed by Program Coord. _____ Initials _____ Date entered into Volgistics _____ Initials _____