

Courage Kenny Rehabilitation Institute Ski and Snowboard

SITE(S) _____ YEAR _____

Trainer Feedback Form

VOLUNTEER: (Print Name clearly)			TRAINER LEVEL:	<input type="radio"/> LEAD	<input type="radio"/> ASSIST	<input type="radio"/> NEW/APPRENTICE
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:	1=Beginning ●	2=Intermediate ■	3=Advanced ◆	1=element appears, but not with consistency 2=element appears regularly (≥75% of the time) 3=element appears consistently (≥85% of the time)		

FUNCTIONAL SKI/RIDE	DEMO	TEACH	NOT OBSERVED	COMMENTS – Please write at least 3 comments for each
Hockey Stop: L/R				
Turning: L/R				
Snowboard specific: Skidding/Carving				
Holding Traverse/Side Slip/Falling Leaf				
Backward Ski / Switch Ride				
TECHNICAL APPLICATION	DEMO	TEACH	NOT OBSERVED	
Assessment, Equipment Set Up & Fit				
SB Equipment: Rider bar/Outriggers				
ATS: Drills, Progressions				
Snowboard performance/alignment				
5 Fundamentals of Skiing				
Tethering				
Holds (stand up), Seat Assist (sit down)				
Equipment				
Teaching and Learning				
SAFETY	DEMO	TEACH	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 _____