

Apprenticeship Report

Apprentice Information *To be completed by the Apprentice*

Name:	Lifesaving Society ID #:
Permanent Address:	City:
Province:	Postal Code:
Phone #:	Business Phone #:
Email:	Date of Birth (YYYY/MM/DD):

Examiner Mentor Information *To be completed by Examiner Mentor*

Name:	Lifesaving Society ID #:
Phone #:	Date:

Exam Information *To be completed by Examiner Mentor*

Level:	Exam date (YYYY/MM/DD):
# Examined:	# Passed: # Failed:
Affiliate:	Location:

Exam Planning

Did the apprentice create an exam outline to follow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice create an evaluation worksheet to use during the exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice come with pre-planned scenarios to evaluate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Skill Evaluation *(when applicable)*

Did the apprentice have the technical knowledge to evaluate skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice communicate the must sees to the candidates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice use the applicable award guide when evaluating skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Rescue Evaluation

Did the apprentice have the technical knowledge to evaluate rescues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice communicate the must sees to the candidates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice use their pre-planned rescue scenarios effectively?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice use the applicable award guide when evaluating rescues?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Leadership

Did the apprentice follow their exam outline?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice communicate effectively with the candidates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice communicate effectively with the affiliate and parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice demonstrate an ability to problem solve?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Final Evaluation

Was the apprentice able to identify when a candidate met the must sees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice use must sees when providing feedback to candidates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice provide feedback to improve candidate performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice provide input in deciding which candidates passed or failed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice communicate final results to the candidates?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Administration

Did the apprentice accurately record candidate performance during the exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice complete all necessary paperwork?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice provide input in deciding which candidates passed or failed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health and Safety

Did the apprentice ensure the safety of candidates at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the apprentice ensure the exam was conducted in a safe environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Overall comments:

Examiner Mentor Verification *To be completed by Examiner Mentor*

Is the examiner candidate ready to be certified?	<input type="checkbox"/> Yes (sign training record)	<input type="checkbox"/> No
If No, recommended next steps: <input type="checkbox"/> Do another co-exam/co-teach. <input type="checkbox"/> Take a more active role in the preparation and planning before, during and after the exam/course. <input type="checkbox"/> Other:		
Examiner Mentor signature:		
Date (YYYY/MM/DD):		