

Australian Sailing Instructor Report Form

Section A: Candid	eta Dataila				
Note: All fields must					
	<u> </u>				
Candidate name:		Date of Birth:			
Phone:		Email:			
AS Number:		Assessment Date:			
Name of Course:					
Training Centre:		Assessors Name:			
0	1 D 1 1				
Section B: Assess	ment Details				
	and deliver a 10 minute theory presentation/ses and deliver a 15 minute practical instructing ses				
knowledge. Each candi	s designed to allow the candidate to demonstrat date will be provided with feedback that reflects ask follow up questions.				
action plan. This will be as part of their delivery t	es that insufficient skill, preparation or subject need that in both the feedback section, and the able assessor may choose to provide an action personant assessor has to stop a session due to safety contains the section of the sec	action plan. When a candid Ian. An u nsafe practiceqin	late undertakes an unsafe practice cludes any feedback criteria marked		
Section C: Overall	outcome				
☐ Candidate has met	the criteria				
☐ Candidate has not	met the criteria and an action plan has bee	n provided (page 4)			
for the endorsement of	ıf:				
Dinghy program	Keelboat Program	Powerboat program	Windsurfing Program		
Dinghy Sailing Ins	structor Keelboat Instructor	Powerboat Instructor	Windsurfing Instructor		
Dinghy Racing In	structor Keelboat Skipper Instructor	Safety boat Instructo	r		
	Keelboat Racing Instructor				
OFFICE USE ONLY					
□ Pre-re	Pre-requisites validated in myCentre				
□ Repo	Report form completed and signed by Senior Instructor				
□ Cand	Candidates marked off as complete in myCentre				
□ Quali	Qualification added to mySailor profile				

Section D: Theory Assessment - Feedback and Outcome Theory session topic: Feedback Criteria (did the candidate....) Comments Yes No 1.0 Instructor Qualities 1.1 demonstrate positive body language? 1.2 demonstrate confidence in their delivery? 1.3 present with a clear voice? 1.4 gain attention, engage and involve the group? 2.0 Presentation Structure deliver the key messages of the topic in a 2.1 structured format? 2.2 show they were organised for the session? 2.3 use activities that assisted the group to learn? use instructional aids effectively to support to 2.4 their presentation? use questioning effectively? 2.5 2.6 include an introduction and summary? 3.0 Technical Knowledge demonstrate a thorough understanding of their 3.1 allocated topic? Feedback provided (all feedback that was provided shall be listed within this box):

4.0 Did the candidate demonstrate sufficient Instructional ability, preparation and subject matter knowledge?

☐ YES ☐ NO

Section E: Practical Assessment - Feedback and Outcome

Practical session t	opic:				
		a (did the candidate)	Comments	Yes	No
5.0 Beginn	ning of S	ession			
5.1	have a plan av	sufficiently detailed and suitable session ailable for their topic?			
5.2*		an introduction to the session including t safety points?			
5.3*	identify session	a suitable location to conduct the ?			
6.0 During				ı	
6.1		ely organise the group; and where riate move efficiently from activity to			
6.2	maintai	n control of the session at all times?			
6.3*	ensure	safety was maintained at all times?			
6.4*		a suitable explanation of the skill g all key teaching points?			
6.5	provide	an accurate demonstration of the skill?			
6.6	demons the skill	strate sufficient technical knowledge of ?			
6.7	commu	nicate in a clear and effective manner?			
6.8		any errors and provide accurate and ctive feedback to the group?			
6.9	allow su	ufficient practice time where required?			
7.0 Follow	ing Sess	ion			
7.1	summa teachin	rise the session including the key g points?			
Feedback	provided	d (all feedback that was provided shall be	listed within this box):		

8.0 Did the candidate demonstrate sufficient Instructional ability, practical skill and technical knowledge? \Box YES \Box NO

Section F: Action Plan

Senior Instructor Name: Signature: Date: In signing the below you are agreeing to the outcome and action plan outlined above by the Senior Instructor. Candidate Name: Signature: Date:	Criteria No.	o. Action Plan					To be completed by:
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