

Form 607.1.4: Assessing Leader Qualifications for Outdoor Pursuits



Use this form for -->



Date:

School:

Teacher in Charge:

Activity:

Lethbridge School Division
433 15 Street South
Lethbridge, Alberta
Canada
T1J 2Z5
Phone: 403-380-5300
Fax: 403-327-4387
www.lethsd.ab.ca

1. Have you taken the relevant formal training in outdoor education, outdoor pursuits or related disciplines. Include certification courses, academic coursework, non-academic courses, other courses or workshops, not including first aid/CPR?

Yes No

If yes, complete the table below with respect to the most relevant course(s). Write in your responses to the first four rows, and place check marks for "Yes" responses over the remaining items per course. Be prepared to share examples for these items.

| | Course 1: | Course 2: | Course 3: |
|---|--|--|--|
| Name of course and level, if appropriate: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Institution/organization offering the course | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Year the course was taken | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Approximate course hours | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| If led to certification, is the ticket current now? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Were your technical skills developed? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Were your trip leadership skills developed? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Did you learn relevant safety procedures? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Did you learn relevant emergency procedures? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Did you instruct/lead peers over the course? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Did you instruct/lead children over the course? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

2. What, if any, first aid certification do you hold?

Is this certification current by the certifying body?

Yes No

Form 607.1.4:

Assessing Leader Qualifications for Outdoor Pursuits (Continued)

3. What, if any, CPR certification do you have?

Is this certification current by the certifying body?

Yes No

4. Do you have relevant personal recreational and/or sport experience in the activity?

Yes No

If yes, please answer the following:

Number of years of participation in the activity:

Days of involvement in the activity over the last three years:

Involvement as part of an organized group (club or team)

Yes No

Have you had a significant mentor in the activity/environment?

Yes No

5. Have you instructed/led this program/activity formally in the past?

Yes No

Particulars of Instruction/Leadership Experience

Have you taught/led this same program/activity before with similar students?

Yes No

Have you taught/led this or other activities in a similar area/site?

Yes No

Have you instructed/led students in relevant technical skills?

Yes No

Have you instructed/led students in relevant safety procedures?

Yes No

6. When, if at all, were you last at/on the proposed site/route?

Date:

7. For any gaps in personal or professional relevant training, knowledge, skills, health and fitness, and/or experience, what is your plan for addressing this area(s)?

Administrator to complete below

General Assessment Based on Teacher/Leader's Responses to the Above:

Qualification Elements

Perceived Contribution to Overall Qualification

Low Med High

Formal training/courses

Comments:

Form 607.1.4:

Assessing Leader Qualifications for Outdoor Pursuits(Continued)

Low Med High

First Aid/CPR Certification

Comments:

Recreational/Sport Experience

Comments:

Instruction/Leadership Experience

Comments:

Familiarity with Site/Area Route

Comments:

Interpersonal "soft" Skills

Comments:

Addressing the Gaps

Comments:

Low Med High

Overall Qualifications for the Proposed Program/Activity

Comments (e.g. general, requirements for program modification and/or additional resources:

Authorization for collection of personal data:

Personal information is collected under the authorization of the Alberta Freedom on Information and Protection of Privacy (FOIP) Act for the purpose of completing the off-site activity described above.