

ASDW Participant Assessment

Participant Name:		Session Clinician:	
Region:		Date:	
Session Attended: Please circle session	1. Senior Alpine Evaluator Certification 2. Snowsports Trainer Workshop 3. PSIA/AASI Workshop 4. Senior Toboggan Evaluator Certification 5. Toboggan Trainers IT Certification 6. Hybrid-Eval/IT Cert 7. Toboggan Trainers Prep Clinic	Enrollment Sub Group: (Applicable to Sessions 1, 4, 5, 6 only)	<input type="checkbox"/> Sr Evaluator Certification <input type="checkbox"/> Region Eval Calibrator <input type="checkbox"/> Current Eval Re-Certification <input type="checkbox"/> IT Recommendation <input type="checkbox"/> IT Re-certification
Overall Result:	<input type="checkbox"/> Meets Certification Standard <input type="checkbox"/> Does Not Meet Certification Standard <input type="checkbox"/> Completion-non test	Confirm Certifications or recommendations Granted.	<input type="checkbox"/> Approved as Sr Evaluator <input type="checkbox"/> Approved as Region Calibrator <input type="checkbox"/> Confirmed for Re-certification <input type="checkbox"/> IT Cert test passed: Recommending for IT appt <input type="checkbox"/> Toboggan Trainer Re-cert only, not IT Cert

Assessment Detail Classifications and Comments:

SKILL SET	-	=	+	List demo items, exercises used	Evaluator Comments
Participant Ski/Ride Skills					
Skill Demonstrations					
Evaluation to Sr Standard					
Movement Analysis					
Feedback Skills					
Exercises Offered					
Group Management					
Overall Summary					

Suggested Improvement Focus:

Opportunities for Improvement:

Recommendations for Future Development:

Additional Comments: