



Apprentice Information: *to be completed by the Apprentice*

| | | | |
|-------------------|----------|------------------------------|--|
| Name | | Lifesaving Society ID # | |
| Permanent Address | | | |
| City | Province | Postal Code | |
| Phone () | | Bus. Phone () | |
| Email | | Date of Birth YYYY / MM / DD | |

Examiner Mentor Information: *to be completed by the Examiner Mentor*

| | |
|-----------|-------------------------|
| Name | Lifesaving Society ID # |
| Phone () | Email |

Exam Information: *to be completed by the Examiner Mentor*

| | | |
|------------|---------------------------|--------|
| Level: | Exam date: YYYY / MM / DD | |
| # Examined | # Pass | # Fail |
| 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

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|--|------------------------------|-----------------------------|
| 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 the 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: | |