LIFESAVING SOCIETY
The Lifeguarding Experts

LIFESAVING SOCIETY
REPORT CARD

INFORMATION

Candidate Name:	*Signature:
Instructor/Examiner Name:	Signature:
Course Location:	Date:

*Acknowledgement of receipt

OVERALL PERFORMANCE ON COURSE AND/OR EXAMINATION
Check:
☐ Pass ☐ Fail

ACHIEVEMENT EXPECTATIONS
When assessing the candidate's performance check the appropriate box and provide comments explaining the criteria indicated by the "must sees".

Test Item: Performance: (check) ☐ Pass ☐ Fail
Comments: (refer to must sees)

Test Item: Performance: (check) ☐ Pass ☐ Fail
Comments: (refer to must sees)

Test Item: Performance: (check) ☐ Pass ☐ Fail
Comments: (refer to must sees)

Test Item: Performance: (check) ☐ Pass ☐ Fail
Comments: (refer to must sees)

Test Item: Performance: (check) ☐ Pass ☐ Fail
Comments: (refer to must sees)

Test Item: Performance: (check) ☐ Pass ☐ Fail
Comments: (refer to must sees)

Test Item: Performance: (check) ☐ Pass ☐ Fail
Comments: (refer to must sees)

Test Item: Performance: (check) ☐ Pass ☐ Fail
Comments: (refer to must sees)

STRENGTHS/WEAKNESSES/NEXT STEPS: