Additional Development Feedback

National Lifeguard Pool Course

Candidate: _____ **Exam date:** _____

Complete one section per item requiring improvement. Print additional copies of this page as needed.

Test Item: _____

Which Must Sees were not met:

Performance observations and areas for improvement:

Recommended next steps:

Test Item: _____

Which Must Sees were not met:

Performance observations and areas for improvement:

Recommended next steps:

Instructor/Examiner: _____ **Date:** _____