## Appendix H2 WSI Candidate Teaching Experience Evaluation Form

Candidate:	
Level:	Date:
This form is to be completed by the Supervising WSI. Use one form per	lesson taught.
BEFORE THE LESSON  Develops a short-term lesson plan which reflects the individuals in the plans for a variety of activities which will meet the needs of their class dentifies site safety concerns and emergency procedures  Gathers equipment prior to the start of class  Demonstrates a professional appearance throughout class	
DURING THE LESSON	
Safety Supervision  Actively screens all new classes in shallow water  Assigns area for the start of class and takes attendance  Keeps ALL students in view at ALL times  Utilizes formations which ensure optimum activity level and safe processives swimmers are never left on their own  Enforces sites rules throughout lesson  Has a whistle and keeps an aid within arms reach throughout entire	
Active and Wet	
Keeps swimmers active and in the water Utilizes accurate demonstrations Utilizes logical progressions which promote success Varies methods and progressions for individual swimmer's needs are Creates a learner-friendly environment Utilizes games with aims Utilizes a variety of teaching methods Provides and utilizes effective practise time Uses teaching equipment safely Utilizes an appropriate activity level Provides individual attention that is balanced throughout class Utilizes proper supports and holds	nd abilities
Communication	
Keeps directions short and simple Utilizes key points and perception checks Communicates respect for each swimmer Uses effective tone to which swimmers listen and react Uses a non-threatening body position at level of swimmers	

Breaks down a skill when co Recognizes progress or lack	t and simple nediate ds to be corrected first techniques including physical manipulation, overcorrection, and shaping
AFTER THE LESSON  Completes all administrative Accurately evaluates the con Communicates each swimmer	
ADDITIONAL COMM	NTS
Completed number of hours:  Dates and time of hours:  Supervising Instructor(s) Signat	CTOR RECOMMENDATION  The and Date:  Ind Date:
	Your signature on this form does not indicate your agreement with the contents, it only orm and have discussed it with the Supervising Instructor.
INSTRUCTOR TRAINE	R(S) RECOMMENDATION
Complete	Recommend additional co-teach hours Incomplete
Instructor Trainer(s) Name:	
(Please return this form to Red (	oss)
Instructor Trainer(s) Signature(s	and Date:
	ur signature indicates you have read the Teaching Experience form and the Candidate has nents of the Red Cross Water Safety Instructor course.