

JM Self-Assessment

Indicate, by placing the appropriate number on the line, where you feel you are on the following abilities.

1 2 3 4 5 6 7 8 9 10  
Not confident Confident Very Confident

- a. Plan long and short term goals for students.
b. Train students in basic skills.
c. Train students in advanced skills.
d. Analyze a student's skill performance.
e. Train students in psychological elements of the sport.
f. Facilitate attainment of student's goals.
g. Identify the needs of students.
h. Supervise a students activities.

Voluntary feedback in regards to the JM Course
Course Facilitator:

Course Material:

Course Program:

CSPA
Jump Master
Portfolio
for

#
(print candidate name, cspa#)



Mail completed portfolio to:
CANADIAN SPORT PARACHUTING ASSOCIATION
ASSOCIATION CANADIENNE DU PARACHUTISME SPORTIF

300 Forced Road, Russell, Ontario Canada K4R 1A1
Phone (613) 445-1881 Fax (613) 445-2698

www.cspa.ca

Congratulations on earning the CSPA **Jump Master** temporary rating. To certify your rating, you must complete the following items prior to the expiry date stated in your portfolio.

1. Dispatch 25 students via IAD/SL
  - o **AFTER** your DZ checkout by a certified, highly experienced Jump Master where you are to complete dispatching 6 students under direct supervisionKeep a record of your student dispatches on the dispatch form and when complete have it signed by a Certified Jump Master, Course Facilitator, or Instructor B.
2. Your **Coach 1 rating must be Certified** (Can submit C1+JM together).

Once you have completed the above requirements, send the **original** portfolio, completely filled in and signed by the correct individuals, to the Rating Processor, care of the CSPA. *Maintain a photo copy of the Portfolio for your own personal records.*

Once this is done and approved, a certified rating card will be returned to you and you will be a Certified Jump Master with the CSPA. You will have to renew your rating as per currency requirements outlined by the CWC as well as your CSPA membership.

If you do not complete the requirements before the expiry date in your portfolio you may refer to the CWC section of the CSPA website [www.cspa.ca](http://www.cspa.ca) for the CWC temporary rating extension policy.

Coaching and Instructing is a rapidly developing area of our sport. Strive to keep yourself updated with new ideas in safety and techniques. Feel free to contact the CWC with any questions, comments or ideas that you may have at [Ratings@cspa.ca](mailto:Ratings@cspa.ca) .

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### Practical Experience Document

Total Number of Jumps: \_\_\_\_\_ Jumps made in the last year: \_\_\_\_\_

Years in Sport: \_\_\_\_\_ CAC NCCP Number: \_\_\_\_\_

Number of IAD/SL dispatches since DZ checkout by a Jump Master or if granted an extension date (whichever is later):

IAD's \_\_\_\_\_ S/L \_\_\_\_\_ FF \_\_\_\_\_

I wish to (check one):

- Upgrade to JM certified
- Revalidate my JM certified rating (5 yr renewal)
- Gain an extension due to: (list reason)

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information in this portfolio is a true and accurate representation of my experience as a rating holder.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

**Verification by SSE/IB:** I have inspected the logbook(s) of the above named individual and find the information contained in this portfolio to be an accurate record of their experience.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
CSPA #

### CSPA Use Only

Jump Master Rating

Renewal Date:

Issue Date:

CWC Delegate:

Date:

Date Received:

Date of database entry:

**Jump Master Technical Course Completion**

This certifies that:

\_\_\_\_\_ Candidate \_\_\_\_\_ CSPA#

Has attended the Jump Master course and \_\_\_\_\_ has completed the technical course.

\_\_\_\_\_ requires make-up prior to participating in DZ IAD/SL checkout for certification (make-up form to be filled in by Course Facilitator. Return portfolio with the course package.)

This Jump Master temporary rating **expires** on:

\_\_\_\_\_ Day \_\_\_\_\_ Mon \_\_\_\_\_ Year (One year from date of JM course)

Course number: \_\_\_\_\_ Course Dates: \_\_\_\_\_

Course Location: \_\_\_\_\_ Province \_\_\_\_\_

Course Facilitator: \_\_\_\_\_

CF Signature: X \_\_\_\_\_

I acknowledge the above evaluation of my abilities during this course and verify that I must dispatch 6 students via IAD/SL under supervision prior to dispatching solo and completing the practical portion of this rating.

X \_\_\_\_\_  
Candidate's Signature

**Jump Master Dispatch Evaluation Form**

**Dispatch Load #3**

Student briefing:	all stages covered	.2	.4	.6	.8	1.0
Equipment selection		.2	.4	.6	.8	1.0
Ground rehearsal:	correct content	.2	.4	.6	.8	1.0
	sufficient repetition	.2	.4	.6	.8	1.0
	realistic (training aids)	.2	.4	.6	.8	1.0
Landing briefing (winds, spot, ground control, etc.)		.2	.4	.6	.8	1.0
Safety check/ Pin Check		.2	.4	.6	.8	1.0
Aircraft loading		.2	.4	.6	.8	1.0
Pilot briefing		.2	.4	.6	.8	1.0
Aircraft safety (helmets on, take off rules, etc.)		.2	.4	.6	.8	1.0
Orientation pass		.2	.4	.6	.8	1.0
Mental rehearsal		.2	.4	.6	.8	1.0
Verbal review		.2	.4	.6	.8	1.0
Stress assessment/relaxation techniques		.2	.4	.6	.8	1.0
In-flight handles check						.2
Pilot chute/SL preparation (on time, in control)		.2	.4	.6	.8	1.0
Commands (door, cut, get ready)		.2	.4	.6	.8	1.0
Spotting (slow climb out, obstacles)		.2	.4	.6	.8	1.0
Assist students exit		.2	.4	.6	.8	1.0
Control pilot chute and bridle/ Static Line		.2	.4	.6	.8	1.0
Skill area tasks (spot, canopy control, safety check)		.2	.4	.6	.8	1.0
Debriefing:	awareness	.2	.4	.6	.8	1.0
	constructive correction	.2	.4	.6	.8	1.0
	fault practice/goal setting	.2	.4	.6	.8	1.0
	record jumps	.2	.4	.6	.8	1.0

A minimum of 20 is required to pass \_\_\_\_\_ /25

I, \_\_\_\_\_ a Certified JM or IB and CSPA # \_\_\_\_\_  
Evaluator's Name  
verify that (# students \_\_\_\_\_) IAD/SL dispatches were made under my direct supervision, evaluated by myself and found to be satisfactory.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Jump Master Dispatch Evaluation Form

Dispatch Load #2

Student briefing:	all stages covered	.2	.4	.6	.8	1.0
Equipment selection		.2	.4	.6	.8	1.0
Ground rehearsal:	correct content	.2	.4	.6	.8	1.0
	sufficient repetition	.2	.4	.6	.8	1.0
	realistic (training aids)	.2	.4	.6	.8	1.0
Landing briefing (winds, spot, ground control, etc.)		.2	.4	.6	.8	1.0
Safety check/ Pin Check		.2	.4	.6	.8	1.0
Aircraft loading		.2	.4	.6	.8	1.0
Pilot briefing		.2	.4	.6	.8	1.0
Aircraft safety (helmets on, take off rules, etc.)		.2	.4	.6	.8	1.0
Orientation pass		.2	.4	.6	.8	1.0
Mental rehearsal		.2	.4	.6	.8	1.0
Verbal review		.2	.4	.6	.8	1.0
Stress assessment/relaxation techniques		.2	.4	.6	.8	1.0
In-flight handles check						
Pilot chute/ S/L preparation (on time, in control)		.2	.4	.6	.8	1.0
Commands (door, cut, get ready)		.2	.4	.6	.8	1.0
Spotting (slow climb out, obstacles)		.2	.4	.6	.8	1.0
Assist students exit		.2	.4	.6	.8	1.0
Control pilot chute and bridle/ Static line		.2	.4	.6	.8	1.0
Skill area tasks (spot, canopy control, safety check)		.2	.4	.6	.8	1.0
Debriefing:	awareness	.2	.4	.6	.8	1.0
	constructive correction	.2	.4	.6	.8	1.0
	fault practice/goal setting	.2	.4	.6	.8	1.0
	record jumps	.2	.4	.6	.8	1.0

A minimum of 20 is required to pass \_\_\_\_\_/25

I, _____ a certified JM or IB and CSPA # _____ <small>Evaluator's Name</small> verify that (#students____) IAD/SL dispatches were made under my direct supervision, evaluated by myself and found to be satisfactory.  Signature _____ Date _____
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Jump Master Dispatch Evaluation Form

Dispatch Load #1

Student briefing:	all stages covered	.2	.4	.6	.8	1.0
Equipment selection		.2	.4	.6	.8	1.0
Ground rehearsal:	correct content	.2	.4	.6	.8	1.0
	sufficient repetition	.2	.4	.6	.8	1.0
	realistic (training aids)	.2	.4	.6	.8	1.0
Landing briefing (winds, spot, ground control, etc.)		.2	.4	.6	.8	1.0
Safety check/ Pin Check		.2	.4	.6	.8	1.0
Aircraft loading		.2	.4	.6	.8	1.0
Pilot briefing		.2	.4	.6	.8	1.0
Aircraft safety (helmets on, take off rules, etc.)		.2	.4	.6	.8	1.0
Orientation pass		.2	.4	.6	.8	1.0
Mental rehearsal		.2	.4	.6	.8	1.0
Verbal review		.2	.4	.6	.8	1.0
Stress assessment/relaxation techniques		.2	.4	.6	.8	1.0
In-flight handles check						
Pilot chute/SL preparation (on time, in control)		.2	.4	.6	.8	1.0
Commands (door, cut, get ready)		.2	.4	.6	.8	1.0
Spotting (slow climb out, obstacles)		.2	.4	.6	.8	1.0
Assist students exit		.2	.4	.6	.8	1.0
Control pilot chute and bridle/ Static Line		.2	.4	.6	.8	1.0
Skill area tasks (spot, canopy control, safety check)		.2	.4	.6	.8	1.0
Debriefing:	awareness	.2	.4	.6	.8	1.0
	constructive correction	.2	.4	.6	.8	1.0
	fault practice/goal setting	.2	.4	.6	.8	1.0
	record jumps	.2	.4	.6	.8	1.0

A minimum of 20 is required to pass \_\_\_\_\_/25

I, _____ a Certified JM or IB and CSPA # _____ <small>Evaluator's Name</small> verify that (#students____) IAD/SL dispatches were made under my direct supervision, evaluated by myself and found to be satisfactory.  Signature _____ Date _____
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**Jump Master Student Record** (DZ checkout (6 students) must be completed **PRIOR** to this form being filled in)

#	Date	Student's Name	Student's Jump #	Skill Performance Outcome	Cert JM or IB Verification (name, CSPA #)
1				(This is the first student AFTER the 6 check-out students)	
2					
3					
4					
5					
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25					