

IPFF 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. Conduct 2:1 Main side PFF jumps
c. Conduct 1:1 PFF jumps
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 PFF Course
Course Conductor:

Course Material:

Course Program:

CSPA
PFF Instructor
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

As a PFF Instructor, you can participate in a drop zone PFF program. Maintain high standards and personalized instruction to aid in maximum progression. Keep up-to-date on current PFF Instructor techniques and program changes. Your instruction provides the solid foundation for student skydivers to progress.

Personal Notes:

Congratulations on earning the CSPA **PFF Instructor** temporary rating. This Portfolio is valid for one (1) year from the issue date, so long as your CSPA membership is kept current. To certify your rating, you must complete the following items prior to the expiry date stated in your portfolio:

1. **25 PFF jumps**, of which recommended 10 in the RSI role,
2. Within 12 months of receiving your rating; see 1-year Expiry Date
3. One 1:1 PFF jump directly observed, debriefed and signed off by a certified PFF instructor.
4. Keep a record of the jumps in this portfolio and when complete have it signed by a Certified PFF Instructor or a Course Facilitator.
5. Your Certified Coach 2 and Certified JM, SSI or IA.

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 Instructor Progressive Freefall (IPFF) 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 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 .

Practical Experience Document

Total Number of Jumps: _____ Jumps made in the last year: _____

Years in Sport: _____ CAC NCCP Number: _____

Number of PFF jumps since course completion:

PFF Ground Schools taught: _____

2:1 Main Side _____ 2:1 Res.Side _____ 1:1 _____

I wish to (check one):

Upgrade to IPFF certified

Revalidate my IPFF 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 (day/mon/year)

Email

Verification by SSE or 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

PFF Instructor Rating

Renewal Date:

Issue Date:

CWC Delegate:

Date:

Date Received:

Date of database entry:

PFF Instructor Technical Course Completion

This certifies that:

Candidate CSPA# _____

Has attended the PFF Instructor course and
_____ has completed the technical course.

_____ requires makeup's prior to participating in IPFF dispatches
(make-up form to be filled in by Course Facilitator)

This PFF rating temporary card expires on:

Day Mon Year (One year from date of IPFF course)

Course number: _____ Course Dates: _____

Course Location: _____ Province _____

Course Conductor: _____

CC Signature: _____

I acknowledge the above evaluation of my abilities during this course

Candidates Signature

IPFF 1:1 Evaluation Form

Student's Name _____ PFF Level: _____

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
Skill area tasks (spot, freefall, canopy control,)		.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
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
Inflight handles check		.2	.4	.6	.8	1.0
Spotting (slow climbout, obstacles)		.2	.4	.6	.8	1.0
Setup and grips proper		.2	.4	.6	.8	1.0
Launch timing		.2	.4	.6	.8	1.0
Exit controlled as necessary		.2	.4	.6	.8	1.0
Freefall control was adequate for level		.2	.4	.6	.8	1.0
Freefall signals were used correctly		.2	.4	.6	.8	1.0
Freefall reaction time adequate		.2	.4	.6	.8	1.0
Altitude awareness		.2	.4	.6	.8	1.0
Student activation control		.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 22 is required to pass _____/28

I, _____ a **Certified IPFF** and CSPA # _____

Evaluator's Name

verify that the above 1:1 PFF Dive was directly observed by myself, evaluated and debriefed by myself and found to be satisfactory.

Signature _____ Date _____

PFF Instructor - Student Record

#	Date	Student's Name	Level	MS/RS	Skill Performance, outcome, areas for improvement	IPFF/IB Verification (name, cspa#)
1						
2						
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