

SSI 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. Teach the first jump course/ survival skills.
b. Train students in basic skills.
c. Evaluate that students have learned
d. Analyze a student's on ground skill performance.
e. Teach the appropriate emergency procedures.
f. Facilitate attainment of student's goals.
g. Identify the needs of students.
h. Administer the emergency procedures review

Voluntary feedback in regards to the SSI Course Course Facilitator:

Course Material:

Course Program:

CSPA Skydive School 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

Congratulations on working towards the CSPA **Skydive School Instructor** Rating. As an SSI you can participate in drop zone student operation by teaching the First Jump Course, working with other instructors and coaches as part of a team. Maintain high standards and personalized instruction to aid in providing a safe environment for students to learn our sport. Keep up-to-date on current instructing techniques and program changes. Your instruction provides the solid foundation for student skydivers to progress on.

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. The practical component to complete the SSI rating requires that you teach 3 courses (minimum) on your DZ for a minimum total of 10 students over the 3 or more courses, while supervised by a Certified SSI or Instructor B and within 12 months of receiving your temporary rating. Keep a record of the courses you have taught on the course form in this booklet and have it signed by a Certified SSI, Course Facilitator or Instructor B.
2. Your Coach 1 rating must be **Certified**

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 Skydiving School Instructor 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.

SSI First Jump Course Evaluation Form - Course #3

This form is to be used feedback for the SSI. Add comments as appropriate.

| Preparation | Yes / No | Comment |
|---|------------|----------------------------------|
| Had useful lesson plans for teaching the course | | |
| Prepared training area | | |
| Prepared / checked training aids | | |
| Presentation | === | |
| Introduction was effective | | |
| All sections were included | | |
| Sections of course presented in logical order | | |
| Followed the lesson plans | | |
| Board work identified / supported key points | | |
| Used effective aids / demonstrations | | |
| Emphasized the "Must Knows" | | |
| Kept it Short and Simple | | |
| Had effective voice / gestures / eye contact | | |
| Was confident / sincere / in control | | |
| Technical knowledge appropriate | | |
| Application | === | |
| There was Realistic / effective practice | | |
| Monitored / controlled practice | | |
| High student involvement | | |
| Feedback / Evaluation | === | |
| Asked effective periodic questions | | |
| Handled questions well | | |
| Feedback was specific and immediate | | |
| Feedback used positive reinforcement | | |
| Confirmed learning by stages | | |
| There was a Final Evaluation of the Skills | | |
| Confirmed knowledge using a written test | | |
| Corrected the test to 100% with candidate | | |
| Summary | === | |
| Asked appropriate Summary questions | | |
| Asked sufficient Summary questions | | |
| Provided a summary of the information | | |
| Overall Score (Pass is 22 Yes) | /28 | (circle one) PASS/ REPEAT |

I, _____ a **Certified SSI/IB** and CSPA # _____,
 Evaluator's Name (print)
 verify that I have **directly** supervised the **entire** first jump course ground school delivery by this candidate and found it to be:
 ___ Satisfactory
 ___ Unsatisfactory

Signature _____ Date _____

Practical Experience Document

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

Years in Sport: _____ CAC NCCP Number: _____

Number of first jump ground schools taught since SSI course:

Courses taught: _____ Total number of students _____

I wish to (check one):

Upgrade to SSI certified

Revalidate my SSI 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.

Candidate Signature

Date

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.

Verification Signature

Date

Name (Print)

CSPA #

CSPA Use Only

Skydive School Instructor Rating

Renewal Date:

Issue Date:

CWC Delegate:

Date:

Date Received:

Date of database entry:

Skydive School Instructor Technical Course Completion

SSI First Jump Course Evaluation Form - Course #2

This form is to be used as feedback for the SSI. Add comments as appropriate.

| Preparation | Yes / No | Comment |
|---|----------|----------------------------------|
| Had useful lesson plans for teaching the course | | |
| Prepared training area | | |
| Prepared / checked training aids | | |
| Presentation | === | |
| Introduction was effective | | |
| All sections were included | | |
| Sections of course presented in logical order | | |
| Followed the lesson plans | | |
| Board work identified / supported key points | | |
| Used effective aids / demonstrations | | |
| Emphasized the "Must Knows" | | |
| Kept it Short and Simple | | |
| Had effective voice / gestures / eye contact | | |
| Was confident / sincere / in control | | |
| Technical knowledge appropriate | | |
| Application | === | |
| There was Realistic / effective practice | | |
| Monitored / controlled practice | | |
| High student involvement | | |
| Feedback / Evaluation | === | |
| Asked effective periodic questions | | |
| Handled questions well | | |
| Feedback was specific and immediate | | |
| Feedback used positive reinforcement | | |
| Confirmed learning by stages | | |
| There was a Final Evaluation of the Skills | | |
| Confirmed knowledge using a written test | | |
| Corrected the test to 100% with candidate | | |
| Summary | === | |
| Asked appropriate Summary questions | | |
| Asked sufficient Summary questions | | |
| Provided a summary of the information | | |
| Overall Score (Pass is 22 Yes) | /28 | (circle one) PASS/ REPEAT |

This certifies that:

Candidate Name CSPA#

Has attended the Skydive School Instructor course and

_____ has completed the technical course.

_____ requires make-up prior to participating in practical components for certification (make-up form to be filled in by Course Facilitator, this portfolio to be returned with Course Package)

This Skydive School Instructor *temporary rating* **expires** on:

____ Day ____ Mon ____ Year (One year from date of SSI course)

Course number: _____ Course Dates: _____

Course Location: _____ Province _____

Course Facilitator (print): _____

CF Signature: _____

I acknowledge the above evaluation of my abilities during this course.

Candidates Signature

I, _____ a **Certified SSI/IB** and CSPA # _____,
Evaluator's Name (print)
verify that I have **directly** supervised the **entire** first jump course ground school delivery by this candidate and found it to be:
____ Satisfactory
____ Unsatisfactory
Signature _____ Date _____

SSI First Jump Course Evaluation Form - Course #1

This form is to be used as feedback for the SSI. Add comments as appropriate.

| Preparation | Yes/No | Comment |
|---|------------|----------------------------------|
| Had useful lesson plans for teaching the course | | |
| Prepared training area | | |
| Prepared / checked training aids | | |
| Presentation | === | |
| Introduction was effective | | |
| All sections were included | | |
| Sections of course presented in logical order | | |
| Followed the lesson plans | | |
| Board work identified / supported key points | | |
| Used effective aids / demonstrations | | |
| Emphasized the "Must Knows" | | |
| Kept it Short and Simple | | |
| Had effective voice / gestures / eye contact | | |
| Was confident / sincere / in control | | |
| Technical knowledge appropriate | | |
| Application | === | |
| There was Realistic / effective practice | | |
| Monitored / controlled practice | | |
| High student involvement | | |
| Feedback / Evaluation | === | |
| Asked effective periodic questions | | |
| Handled questions well | | |
| Feedback was specific and immediate | | |
| Feedback used positive reinforcement | | |
| Confirmed learning by stages | | |
| There was a Final Evaluation of the Skills | | |
| Confirmed knowledge using a written test | | |
| Corrected the test to 100% with candidate | | |
| Summary | === | |
| Asked appropriate Summary questions | | |
| Asked sufficient Summary questions | | |
| Provided a summary of the information | | |
| Overall Score (Pass is 22 Yes) | /28 | (circle one) PASS/ REPEAT |

I, _____ a **Certified SSI/IB** and CSPA # _____,
Evaluator's Name (print)
 verify that I have **directly** supervised the **entire** first jump course ground school delivery by this candidate and found it to be:
 ___ Satisfactory
 ___ Unsatisfactory
 Signature _____ Date _____

[This page intentionally left blank]

Skydive School Instructor Record of Courses taught under the ***DIRECT SUPERVISION*** of certified SSI/IB

| # | Course Date | Names of Students (print only max. 8 students per class) | Areas for improvement noted | Certified SSI/IB Verification |
|---|--------------------------------|--|-----------------------------|-------------------------------|
| 1 | Course Date | 1 | | Name: |
| | | 2 | | |
| | | 3 | | |
| | | 4 | | |
| | Course Taught (FJC, PFF, TAFF) | 5 | | Signature: |
| | | 6 | | |
| | | 7 | | |
| | | 8 | | |
| 2 | Course Date | 1 | | Name: |
| | | 2 | | |
| | | 3 | | |
| | | 4 | | |
| | Course Taught (FJC, PFF, TAFF) | 5 | | Signature: |
| | | 6 | | |
| | | 7 | | |
| | | 8 | | |
| 3 | Course Date | 1 | | Name: |
| | | 2 | | |
| | | 3 | | |
| | | 4 | | |
| | Course Taught (FJC, PFF, TAFF) | 5 | | Signature: |
| | | 6 | | |
| | | 7 | | |
| | | 8 | | |
| 4 | Course Date | 1 | | Name: |
| | | 2 | | |
| | | 3 | | |
| | | 4 | | |
| | Course Taught (FJC, PFF, TAFF) | 5 | | Signature: |
| | | 6 | | |
| | | 7 | | |
| | | 8 | | |