

Course #

Candidate Name

CSPA #

CSPA

Skydive School Instructor
Portfolio
for

_____, # _____

(print candidate name, cspa #)



Send a copy of your completed portfolio to:

CANADIAN SPORT PARACHUTING ASSOCIATION

204-1468 Laurier Street, Rockland, Ontario, K4K 1C7

office@cspa.ca

Fax (613) 916-6008

Course #

Candidate Name

CSPA #

Skydive School Instructor Technical Course Completion

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 Learning Facilitator).

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

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

Course number:

Course Location:

Province:

Learning Facilitator:

LF Signature: _____

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

Candidate's Signature

Congratulations on working towards the CSPA Skydive School Instructor Rating.

As an SSI you can participate in dropzone student operation by teaching the First Jump Course and 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.

Privileges of the Skydive School Instructor:

Conduct: Skydiving Ground School courses for FJC, PFF, and TAFF Programs

Administer: SOLO Certificate test

Certify: Emergency Procedures Endorsement, Emergency Procedures Review for Solo Certificate and “A” CoP Endorsements, Main Packing Endorsement

Qualify: for training as a Ground Control Instructor, PFF Instructor, or Skydiving School Examiner subject to meeting all other prerequisites.

This Portfolio is valid for one (1) year from the issue date, so long as your CSPA affiliation is kept current.

To certify your rating, you must complete the following prior to the expiry date stated in your portfolio: 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 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 or Learning Facilitator.

Once you have completed the above requirements, please do the following:

1. **Keep a photo copy of the Portfolio for your own personal records,** and
2. Email a scanned copy of the portfolio to office@cspa.ca. The scanned copy must be legible and “full” sized resolution (not reduced).

Once this is done and approved, a new CSPA Affiliation Card will be sent to you with the new rating 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 maintain your CSPA affiliation.

If you do not complete the requirements before the 1-year expiry date in your portfolio you may request a temporary rating extension with a valid reason by contacting the Ratings Processor directly (see page 8). A \$25 fee for the Extension Request is required.

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 #1

This form is to be done as feedback for the SSI. Add Comments as appropriate.

Preparation	Yes/No	Comment
Has useful lesson plans for teaching the course		
Prepared training area		
Prepared / checked training aids		
	===	/3
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		
	===	/11
Application		
There was Realistic / Effective practice		
Monitored / Controlled practice		
High student involvement		
	===	/3
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		
	===	/8
Summary		
Asked appropriate Summary questions		
Asked sufficient Summary questions		
Provided a summary of the information		
	===	/3
Overall Score (Pass is 22 Yes) / 28		(Circle one) PASS / REPEAT

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

(Print Evaluator's Name)

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 #2

This form is to be done as feedback for the SSI. Add Comments as appropriate.

Preparation	Yes/No	Comment
Has useful lesson plans for teaching the course		
Prepared training area		
Prepared / checked training aids		
	===	/3
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		
	===	/11
Application		
There was Realistic / Effective practice		
Monitored / Controlled practice		
High student involvement		
	===	/3
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		
	===	/8
Summary		
Asked appropriate Summary questions		
Asked sufficient Summary questions		
Provided a summary of the information		
	===	/3
Overall Score (Pass is 22 Yes)		/ 28 (Circle one) PASS / REPEAT

I, _____ a **Certified SSI** and CSPA # _____,
 (Print Evaluator’s Name)
 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 #3

This form is to be done as feedback for the SSI. Add Comments as appropriate.

Preparation	Yes/No	Comment
Has useful lesson plans for teaching the course		
Prepared training area		
Prepared / checked training aids		
	===	/3
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		
	===	/11
Application		
There was Realistic / Effective practice		
Monitored / Controlled practice		
High student involvement		
	===	/3
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		
	===	/8
Summary		
Asked appropriate Summary questions		
Asked sufficient Summary questions		
Provided a summary of the information		
	===	/3
Overall Score (Pass is 22 Yes) / 28		(Circle one) PASS / REPEAT

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

(Print Evaluator's Name)

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 _____

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

Practical Experience Document

Name: _____

CSPA #: _____

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

Years in Sport: _____ CAC NCCP #: _____

Number of first jump ground schools taught since SSI course completion:

Courses taught _____ Total # of students _____

I wish to (check one):

Upgrade to SSI Certified

Gain an extension due to: **(Note: \$25 Extension Request Fee is required. List reason for request)**

Visa/MasterCard #: _____ Exp. Date: ____ ____

Reason(s) for extension: _____

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

Candidate's Signature

Date (day/mon/year)

Email

Verification by Certified SSE: I have inspected the portfolio of the above named individual and find the information contained in this portfolio to be an accurate record of their experience.

Verification Signature

Date (day/mon/year)

Verification Name (Print)

CSPA #