

Course # _____

CSPA # _____

CSPA

Skydiving School Instructor Challenge Portfolio for

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

Course # _____

CSPA # _____

Skydiving School Instructor Workshop Completion

This certifies that:

Candidate Name

CSPA #

Has attended the Skydiving School Instructor course and

_____ has completed the technical course.

This Skydiving 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 your Skydiving School Instructor rating. 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 items prior to the expiry date stated in your portfolio:

- Complete the SSI pre-course journal and submit with portfolio if required
- Teaching 3 courses (minimum) while supervised by a Certified SSI
 - For a total of 10 students (minimum)
- Within **one (1) year** of the completing the SSI Course, record the courses taught in this portfolio. When complete, have it signed by a Certified SSE.

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

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

Once this is done and approved, a new affiliation card will be sent to you and you will be a Certified Skydiving School Instructor with the CSPA. You will have to renew your CSPA affiliation and your rating according to the currency requirements outlined by CSPA.

If you do not complete the requirements before the expiry date in your portfolio you may request an extension. A valid reason is required. There is a \$25 fee for the processing of an extension request.

E-mail office@cspa.ca **before** your expiry date if you have any questions on extensions.

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 Coaching Working Committee (CWC) with any questions, comments, or ideas that you may have at office@cspa.ca.

Revalidation Up To 5 Years

- Teach 1 complete first jump course under the direct supervision of a Certified SSI
- Complete the Revalidation Form
- Submit the Revalidation form and Evaluation Form to office@cspa.ca

Revalidation After 5 Years

- Obtain an SSI briefing from an SSI LF
- Complete the full SSI Portfolio issued by an SSI LF
- Submit completed portfolio to office@cspa.ca

Privileges of the Skydiving School Instructor:

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.

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.

NOTE: This page does not need to be sent to CSPA.

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.		
		4.		
	Course Taught (FJC, PFF, TAFF)	5.		Signature:
		6.		
		7.		
		8.		
2	Course Date	1.		Print Name:
		2.		CSPA #:
		3.		
		4.		
	Course Taught (FJC, PFF, TAFF)	5.		Signature:
		6.		
		7.		
		8.		
3	Course Date	1.		Print Name:
		2.		CSPA #:
		3.		
		4.		
	Course Taught (FJC, PFF, TAFF)	5.		Signature:
		6.		
		7.		
		8.		
4	Course Date	1.		Print Name:
		2.		CSPA #:
		3.		
		4.		
	Course Taught (FJC, PFF, TAFF)	5.		Signature:
		6.		
		7.		
		8.		

Course # _____

CSPA # _____

Practical Experience Document

Name: _____

CSPA #: _____

Total Number of Jumps: _____ Jumps made since Course: _____ Years in Sport: _____

Number of first jump courses taught since course completion:

Courses _____ Total # Students _____

I wish to (check one):

☐ Gain an extension due to: (**Note - \$25 Fee for Extension Request**)

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

Reason(s) for extension: _____

Candidate's Signature

Date (day/mon/year)

☐ Upgrade to SSI Certified

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)

Verification by Certified SSE: I have inspected the logbooks 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 #