

# Outdoors for All Alpine and Snowboard Instructor Evaluation

Instructor Name: \_\_\_\_\_ (Circle One):      Ski              Snowboard

Please enter the Clinician's name for each day of training:

|        |        |        |        |
|--------|--------|--------|--------|
| Day 1: | Day 2: | Day 3: | Day 4: |
|--------|--------|--------|--------|

Please use the following grading system to evaluate the instructor's skills:  
**1** = Needs Improvement, **2** = Acceptable, **3** = Masters, **0** = Not Evaluated

Please refer to the **Quick Guide to Skill 'Grades'** for a grading rubric.

| Skill                  | Training Day |   |   |   | Any comments regarding the instructor's skill or need for skill improvement. |
|------------------------|--------------|---|---|---|--|
|                        | 1            | 2 | 3 | 4 |  |
| <b>Sliding Ability</b> |              |   |   |   |  |
| <b>Stand Teaching</b>  |              |   |   |   |  |
| <b>Sit Skills</b>      |              |   |   |   |  |
| <b>Service Skills</b>  |              |   |   |   |  |
| <b>Adaptive Skills</b> |              |   |   |   |  |

|                       |  |                                 |                                     |                                 |   |
|-----------------------|--|---------------------------------|-------------------------------------|---------------------------------|---|
| Participant Matching: | <b>Age:</b>  | <input type="checkbox"/> Child  | <input type="checkbox"/> Teen       | <input type="checkbox"/> Adult  | <input type="checkbox"/> Any Age          |
|                       | <b>Gender:</b>   | <input type="checkbox"/> Male   | <input type="checkbox"/> Female     | <input type="checkbox"/> Either |   |
|                       | <b>Disability:</b>   | <input type="checkbox"/> ID/ASD | <input type="checkbox"/> Phys. Dis. | <input type="checkbox"/> VI/HI  | <input type="checkbox"/> Injured Military |
|                       | <i>Please provide any additional instructor-student matching recommendations on the reverse.</i> |                                 |                                     |                                 |   |

| Overall Evaluation | In your option, this instructor is adequately suited to be a:   | Initial if 'Yes' |
|--------------------|---|------------------|
|                    | <b>Assistant Stand Instructor</b> – Skiing/riding is not strong enough to provide adequate demonstrations or to 'primary' a lesson.   |                  |
|                    | <b>Beginner Stand Instructor</b> – Can teach beginner lessons on beginner terrain.  |                  |
|                    | <b>Intermediate/Expert Stand Instructor</b> – Able to teach most abilities and levels, anywhere on the mountain. Comfortable using stand adaptations.   |                  |
|                    | <b>Assistant Sit Instructor</b> – Approved to assist with lifting/loading, understands sit lesson basics, has practiced tethering in a clinic or training (ie, non-lesson) setting. Please <b>DO NOT</b> initial if the instructor has not practiced tethering (empty bucket, "Sandy" or another human) in your clinic! |                  |
|                    | <b>Primary Instructor 3T/4T/Slider</b> – Strong knowledge of equipment, ability to teach most levels.   |                  |

|  |                           |             |
|--|---------------------------|-------------|
| <b>Primary Sit Instructor</b>  | Lead Sit Clinician: _____ | Date: _____ |
| <i>Must be approved by <b>Lead Sit Clinician</b>, please see OFA staff with any questions about this policy.</i> |                           |             |

This person would make a great Clinician – please reach out to him/her about that opportunity!