3.2 Coach Observation (Skill Learning and Development)

Candidate Name: ____________________________  Date: ____________________________
Coach Educator: ____________________________  Venue: ____________________________
Demo Coach Name: ____________________________  Topic of Lesson: ____________________________
Rider Skills Level: ____________________________________________
   Beginner / Intermediate / Advanced
   (Please circle)

Training Session Overview:
Include comments on session outcomes, activities (i.e. pre-lesson discussions, etc.), warm-up, training activities and other components of the training session.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Observations:
With your knowledge of skill learning and development; describe the ways in which the Coach Educator performed this with the athlete(s).

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Coach Educator Comments (on the candidate discussions above):

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Not Yet Competent

Date: ______________  CE: ______________  Date: ______________  CE: ______________  Date: ______________  CE: ______________

Coach Educator (CE) Declaration

Candidate Name: ____________________________________________
Coach Educator
I am satisfied that the candidate can consistently demonstrate competence in the tasks on this Activity Slip according to the criteria in the course recommended readings. I am a currently registered EA Coach Educator.

Name: ____________________________________________  NCAS Level: ______________
E-mail address: ____________________________________________  Phone Number: ______________
Assessment Location: ____________________________
Signature: ____________________________________________  Date: ____________________________