

ICDC ASSESSMENT SLIP 2 – Coaching Principles

Coach Observation and Risk Management Practical Assessment Guidelines

Supervision: This activity must be completed with the candidate observing (and therefore under the supervision of) a current EA Coach Educator.

Guidelines for the Coach Educator:

- Allow the Candidate to start with a general observation of your training program. Set the guidelines you want the candidate to follow regarding his/her interaction with you while you are coaching. Also be specific in your feedback regarding coaching tasks; remember to give the "why" as well as the "what and when".
- Observation must be guided by you (i.e. the Candidate needs to know what to look for); such things as: (i) the composition of the training session, time spent on warm-up, revision of past exercises, teaching of new skills, driver specific exercises, horse specific exercises etc. (ii) communication techniques used (iii) organisation of driver, (vi) ways in which training information is monitored by the coach.
- If possible, try to show the Candidate how you plan sessions, into a logical pattern (this may be done away from the teaching area).

2.1 Coach Observation (Communication)

| | |
|---|-------------------------------|
| Candidate Name: _____ | Date: _____ |
| Coach Educator: _____ | Venue: _____ |
| Demo Coach Name: _____ | Topic of Lesson: _____ |
| Driver 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 **communication skills**; describe the ways in which the Coach Educator interacts 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 **ICDC– Assessment Slip 2.1**

| | |
|------------------------------|---------------------|
| Candidate Name: _____ | EA No. _____ |
|------------------------------|---------------------|

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: _____ |
|-------------------------|--------------------|

2.2 Coach Observation (Skill Learning and Development)

| | |
|-------------------------------|--|
| Candidate Name: _____ | Date: _____ |
| Coach Educator: _____ | Venue: _____ |
| Demo Coach Name: _____ | Topic of Lesson: _____ |
| Driver 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

ICDC– Assessment Slip 2.2

Candidate Name: _____

EA No. _____

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: _____

2.3 Risk Management Planning

The Candidate may complete this Risk Management Plan in relation to **their own property/environment, or that of EA Coach Educator**. The Plan must be prepared and presented to the Coach Educator to assess. The Coach Educator shall then discuss the Risk Management Plan with the Candidate.

The safety of the horse and driver is paramount within all equestrian activities. All coaches, whether introductory or advanced, must be aware of the safety considerations of the environment in which he or she operates. This activity is aimed at assessing the candidate's understanding and appreciation of the various facets of safety concerns across numerous environments.

Candidate Name:

| Potential Hazards | What Might Go Wrong | Strategies To Minimise Risk | Person Responsible |
|--|---------------------|-----------------------------|--------------------|
| Equipment <ul style="list-style-type: none"> • • • • | | | |
| People <ul style="list-style-type: none"> • • • • | | | |
| The Stables <ul style="list-style-type: none"> • • • • | | | |
| The Coaching Area <ul style="list-style-type: none"> • • • • | | | |

Coach Educator (CE) Declaration

ICDC– Assessment Slip 2.3

Candidate Name:

EA No.

Coach Educator

I am satisfied that the candidate has demonstrated competence and understanding for creating a risk management plan appropriate to an equestrian coaching environment, 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: