



Candidate Information

Name			CC number:	C	C								
	Surname		First										
Address	Apt.		Street										
	City		Province				Postal Code						
	()		()				()						
Phone	Home		Business				Fax						
	()		()				()						
Email													
Evaluation Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No													
Evaluation Attempt: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd													
Date Practice Plan Received:													
Observation of Practice:													
<input type="checkbox"/>		Video Submission				Date Received: _____							
<input type="checkbox"/>		On-Site Observation				Date Completed: _____							
Additional Information:													

Summary of Coach Criteria Evaluated

Result (NI, ME, EE)	NCCP Outcome	NCCP Criteria
	Plan a Practice	<ul style="list-style-type: none"> Plan a practice with appropriate structure and logistics Design an EAP for a curling rink
	Support to Athletes in Training	<ul style="list-style-type: none"> Ensure the practice environment is safe Run an appropriately structured and organized practice Make coaching interventions that promote learning Coach models professional behaviour.
	Analyze Performance	<ul style="list-style-type: none"> Detect skill errors Prescribe corrections
	Make Ethical Decisions	<ul style="list-style-type: none"> Apply an ethical decision making process. (evaluated on-line at www.coach.ca)

Evaluator Information

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	()		()				()						
Phone	Home		Business				Fax						
	()		()				()						
Email													



Practice Plan and EAP Evaluation

Submitted before the Observation

Candidate Name			CC number:	C	C								
	Surname	First											
Date Received:		Location:											

Plan a Practice														
Scoring														
0	Evidence is incorrect / incomplete. Does not yet meet expectations. Needs Improvement (NI)													
1	Evidence is observed consistently. Meets expectations (ME)													
2	Exceptional quality and attention to detail. Exceeds expectations (EE)													
Evidence of Achievement											Mark	Comments		
EAP	a.	Location of phone(s)												
	b.	Emergency telephone numbers listed												
	c.	Location of medical profiles, for each participant under the coach's care.												
	d.	Location of the fully stocked First Aid kit.												
	e.	Identifies designated charge person and call person												
	f.	Specific directions to reach the facility												
Total Mark												NI = Needs Improvement	ME = Meets Expectations	EE = Exceeds Expectations
											< 5	5 - 8	> 8	
Must score in a minimum of 5 evidences in the EAP Evaluation.														
Appropriate and Structured Practice Plan	g.	Athletes' age, abilities and performance levels are identified **												
	h.	Clearly identified goal(s) consistent with LTAD model												
	i.	Practice segments are identified and organized												
	j.	Timeline for segments												
	k.	Activities clearly described												
	l.	1-3 Key factors identified for each activity**												
	m.	Practice length suitable for athlete age & ability												
	n.	Activities consider potential risk factors												
	o.	Activities purposeful and linked to goal(s)												
	p.	Activities are appropriate to the stage of skill development and age of athletes												
	q.	Equipment requirements are outlined and match goals/activities												
	r.	Activities appropriate to the time of season												
** Minimum score of (1) in Evidence of Achievement required for certification												NI = Needs Improvement	ME = Meets Expectations	EE = Exceeds Expectations
Total Mark											< 9	9 - 15	> 15	
Evaluator Name (Please Print):														
Evaluator Signature:														

Date



Implementation of the Practice Plan - Evaluation

Observation of the Coach in a Practice Environment

Candidate Name			CC number:	C	C						
	Surname	First									
Date Received:		Location:									

Implementation of the Practice Plan						
Scoring						
0	Evidence is incorrect / incomplete. Does not yet meet expectations. Needs Improvement (NI)					
1	Evidence is observed consistently. Meets expectations (ME)					
2	Exceptional quality and attention to detail. Exceeds expectations (EE)					
Evidence		Mark	Comments			
Safety	s.	Facility safety check**				
	t.	Steps to minimize risk**				
	u.	Coach models safe behaviour**				
Total Mark				NI = Needs Improvement	ME = Meets Expectations	EE =Exceeds Expectations
				< 3	3 - 5	> 5
** Minimum score of (1) in Evidence of Achievement required for certification						
Structure & Organization	v.	Practice plan is presented				
	w.	Practice matches goals				
	x.	Main segments are evident ** (intro, warm-up, core, cool down, and debrief)				
	y.	Equipment available and relevant				
	z.	Effective use of space and equipment				
	aa.	Appropriate breaks				
	bb.	Activities contribute to development of skills, tactics or athletic abilities				
	cc.	Practice time is maximized and as scheduled				
Total Mark				NI = Needs Improvement	ME = Meets Expectations	EE =Exceeds Expectations
				< 6	6 - 11	> 11
** Minimum score of (1) in Evidence of Achievement required for certification						



Implementation of the Practice Plan - *continued*

Scoring

0	Evidence is incorrect / incomplete. Does not yet meet expectations. Needs Improvement (NI)
1	Evidence is observed consistently. Meets expectations (ME)
2	Exceptional quality and attention to detail. Exceeds expectations (EE)

Evidence		Mark	Comments			
Teaching & Learning	dd.	Interaction takes place with all athletes				
	ee.	Coach is in a position to see all activities				
	ff.	Activities have 1– 3 key learning points **				
	gg.	Behaviour expectations are identified and reinforced				
	hh.	Provides constructive and positive feedback				
	ii.	Speaks clearly and audibly				
	jj.	Activities are appropriate to stage of skill development				
Total Mark				NI = Needs Improvement	ME = Meets Expectations	EE =Exceeds Expectations
				< 5	5 - 10	> 10

** Minimum score of (1) in Evidence of Achievement required for certification

Detect Skill Errors	kk.	Observes performance from an adequate vantage point				
	ll.	Identifies factors that directly impact performance**				
	mm.	Causes of errors are identified**				
	nn.	Coach asks appropriate questions				
	oo.	Explains how errors impact performance				
Total Mark				NI = Needs Improvement	ME = Meets Expectations	EE =Exceeds Expectations
				< 4	4 - 8	> 8

** Minimum score of (1) in Evidence of Achievement required for certification



Implementation of the Practice Plan - *continued*

Scoring

0	Evidence is incorrect / incomplete. Does not yet meet expectations. Needs Improvement (NI)
1	Evidence is observed consistently. Meets expectations (ME)
2	Exceptional quality and attention to detail. Exceeds expectations (EE)

<i>Evidence</i>		<i>Mark</i>	<i>Comments</i>			
Correct Skill Errors	pp.	Corrections are related to CCA approved skill techniques **				
	qq.	Explanation of correction is related to improved performance (how and why)				
	rr.	Coach asks appropriate questions				
	ss.	Matches level of difficulty of drill/activity to athlete's ability				
	tt.	Corrections are provided in proper sequence**				
	uu.	Prescribes appropriate drill and/or activity				

Total Mark		NI = Needs Improvement	ME = Meets Expectations	EE =Exceeds Expectations
		< 5	5 - 9	> 9

** Minimum score of (1) in Evidence of Achievement required for certification

<i>Evidence</i>		<i>Mark</i>	<i>Comments</i>			
Professionalism	vv.	Athletes are greeted				
	ww.	Coach is dressed appropriately				
	xx.	Coach exhibits positive body language				
	yy.	Communication is respectful and non-discriminatory**				
	zz.	Coach exhibits a positive image to athletes and stakeholders				

Total Mark		NI = Needs Improvement	ME = Meets Expectations	EE =Exceeds Expectations
		< 4	4 - 7	> 7

** Minimum score of (1) in Evidence of Achievement required for certification

Evaluator Name:	
	Date
	Date



Evaluator Debrief and Action Planning Worksheet

Summary of Coach Criteria Evaluated

Result <i>(NI, ME, EE)</i>	Criteria
	EAP
	Appropriate and Structured Practice Plan
	Safety
	Structure and Organization
	Teaching and Learning
	Detect Skill Errors
	Corrects Skill Error
	Professionalism

Debrief Meeting

- Discuss process of the evaluation and general performance of the coach
- Praise, clarify, question, raise concerns
- Review logistics of evaluation: time in the season, participants' abilities etc.
- Identify and discuss instructor's goals
- Identify next steps for instructor

Reflections and Comments

1. Identify your key questions

Example: What did you think went well and why? What might you have done better and how would you change it? Did you consider other ways to do that?

2. If coach has not clearly demonstrated an evidence, plan several questions that may assist you in obtaining further evidences.

Example: If <<safety situation>> occurred, explain what you could have? I noticed that you did _____, why did you do that or what might you have differently?

3. Summarize key points, provide feedback and review recommended action plan

Example: Overall, I thought you did _____ well. You may want to consider trying _____ in the future. I observed that <<specific scenario>> occurred and thought that you should be aware of its impact during the lesson.



Coach Debrief and Action Plan

Summary of Coach Criteria Evaluated

Result <i>(NI, ME, EE)</i>	Criteria	NCCP Outcome
	Appropriate and Structured Practice Plan	Plan a Practice
	EAP	Plan a Practice
	Safety	Support to Athletes in Training
	Structure and Organization	Support to Athletes in Training
	Teaching and Learning	Support to Athletes in Training
	Detect Skill Errors	Analyze Performance
	Corrects Skill Error	Analyze Performance
	Professionalism	Support to Athletes in Training

	Summary of Comments	Recommended Next Steps
Needs Improvement	Identify what the candidate needs to do in order to complete the successful evaluation. This may involve a re-submit or re-observation of a particular criterion.	
Meets Expectation	Identify to the instructor candidate what needs to happen in order to maintain certification.	
Exceeds Expectations	Identify ways the instructor candidate can continue to develop as a professional instructor	

Evaluator Name:

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Signature

Date

Candidate Name:

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Signature

Date