



LIFESAVING SOCIETY®
SOCIÉTÉ DE SAUVETAGE

The Lifeguarding Experts
Les experts en surveillance aquatique

LIFESAVING SOCIETY – MANITOBA BRANCH

504 – 138 Portage Avenue East
Winnipeg MB R3C 0A1
Ph (204) 956-2124 Fax (204) 944-8546
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CO-EXAMINER EVALUATION FORM

Name _____	Phone _____
Address _____	Postal Code _____

Supervising Examiner _____	Phone _____
Dates of Exam _____	Location _____
Level _____	# Candidates / level _____
Please attach a copy of the test sheet on which you do your Co-Exam	

1 st Co-examination	Date submitted _____
2 nd Co-examination	Date submitted _____

Instructions for Co-Examiner:

Sign the form.

Once you have met all the criteria outlined on our Lifesaving Society Examiner policy, forward all documentation to the Lifesaving Society office (504-138 Portage Ave. E., Wpg. R3C 0A1) for review.

Instructions for Supervising Examiner:

Complete this evaluation by providing informative feedback.

Rate the candidate according to the criteria in each section and provide feedback on each skill. Sign the form.

	Excellent	Good	Satisfactory	Unsatisfactory
Teaching Skills				
Co-Examiner communicates well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Examiner facilitates learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Examiner uses learning principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			

	Excellent	Good	Satisfactory	Unsatisfactory
Evaluation Skills				
Self-evaluation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation standards met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			

	Excellent	Good	Satisfactory	Unsatisfactory
Knowledge				
Understands technical aspects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands policies/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				

	Excellent	Good	Satisfactory	Unsatisfactory
Leadership				
Co-Examiner built a good rapport with class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Examiner cooperated well with Examiner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Examiner was adaptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Examiner represented Society in a professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				

	Excellent	Good	Satisfactory	Unsatisfactory
Safety Supervision				
Exam conducted in a safe environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Examiner was prepared to conduct the exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Examiner was well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				

Recommendation for Lifesaving Society Examiner

Would you recommend this candidate to be a Lifesaving Society Examiner? Please circle one.

Yes No

Indicate for which level: _____

Explain _____

In my judgment, _____ is ready to be appointed as a Lifesaving Society Examiner for _____ (indicate level). I have no doubt that he / she has the technical knowledge and experience, the teaching and communication skills, the grasp of standards, and the leadership abilities to examine by him / herself.

Co-Examiner Candidate _____ Date _____

Supervising Examiner _____ Date _____

Program Coordinator _____ Date _____