



# Instructor Candidate Evaluation Form

Name: \_\_\_\_\_ ACA #: \_\_\_\_\_

Course: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Venue / Conditions: \_\_\_\_\_

Safety Education & Instruction  
540-907-4460  
[sei@americancanoe.org](mailto:sei@americancanoe.org)  
[www.americancanoe.org](http://www.americancanoe.org)

***Instructor Trainer Note:** Please either use this generic form or your own form/method to evaluate Instructor Candidates during an ICW. Please provide the ACA National Office with a copy of each Instructor Candidates evaluation along with the Certification Course Report form, especially if they were 'continued' or 'failed'.*

**Formal Teaching Topics:**

**Impromptu Teaching Topics:**

**Overall Teaching Ability (including strokes, maneuvers, & rescues):**

**Paddling Ability (Strokes & Maneuvers) in appropriate venue(s) / conditions:**

**Demonstration Quality (Strokes & Maneuvers) in appropriate venue(s) / conditions:**

**Rescue Ability:****Safety Awareness, Group Management, Leadership & Judgment:****Interpersonal Skills:****Additional Comments:****Final Certification(s):***(Please remember both tandem and solo canoe certifications if applicable.)*

Level \_\_\_\_\_ Pass Continued Fail

Level \_\_\_\_\_ Pass Continued Fail

Level \_\_\_\_\_ Pass Continued Fail

Level \_\_\_\_\_ Pass Continued Fail

*\*If an Instructor Candidate is 'continued' at any level, please also complete and submit the attached Instructor Candidate Continuation Form.*

Instructor Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Trainer Printed Name: \_\_\_\_\_



## Instructor Candidate Continuation Form

Name: \_\_\_\_\_ ACA #: \_\_\_\_\_

*If an Instructor Candidate was continued at any level during an ICE, please complete and submit this form to the candidate and to the National Office. For example: if it was a Level 1 Certification Course and they were continued; or if it was a Level 3 Certification Course and they received a Level 2 certification, but were continued at Level 3.*

Continued at Level \_\_\_\_\_

- Please list the deficiencies observed, along with any additional pertinent comments. If applicable, please outline any remediation plan developed between the continued Instructor Candidate and the Instructor Trainer.  
(please use the back or additional pages if necessary)

- The continuation can be removed, and Instructor Certification awarded by one of the following methods:
  - The above skills may be demonstrated in person to any appropriately certified ACA Instructor Trainer
  - A video (YouTube, Vimeo, CD, etc) may be sent to the Instructor Trainer for review
  - A video may be sent to the Safety Education & Instruction Department of the ACA Office who will then send it to an appropriately certified Instructor Trainer for review

Instructor Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Trainer Printed Name: \_\_\_\_\_

**Please return a signed copy of this form to the ACA's Safety Education & Instruction Department.**