

## LEVEL 1 PRACTICAL ASSESSMENT

The requirements for FHC's Level 1 Practical include:  
 -completion of FHC Technical Level 1 course  
 -completion of 25 hours of coaching experience  
 -completion of self-evaluation form

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Description of program (athlete's ages, abilities, length of practices, etc):

Description of your involvement (head/assistant coach, # of practices, competition details):

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### SELF-EVALUATION FORM

	Assessment needs improvement      good	Description
<b>Organization And Preparation</b>  Practice written out ahead People ready on time Safety check done	1   2   3   4   5	
<b>Instruction</b>  Objectives stated Demos simple, clear, concise Key points made	1   2   3   4   5	
<b>Activity</b>  Transitions rapid, smooth Good ratio athletes/equipment/space Lots of "doing" by each athlete Adequate time to reach objective	1   2   3   4   5	

	assessment needs improvement      good	description
<b>Feedback</b> Positive Related to key factors To group, then individuals Specific Well timed Understood	1   2   3   4   5	
<b>Content</b> Demonstrations Progressions Analysis of problems Corrections Appropriateness to Context	1   2   3   4   5	
<b>General</b> Objectives achieved Atmosphere of involvement Coach flexible, adaptive Coach good role model	1   2   3   4   5	

**STATEMENT OF VERIFICATION:**

This is to certify that \_\_\_\_\_  
 has been involved in the coaching of the above mentioned team as  
 head/assistant coach over the period of \_\_\_\_\_ months.

I hereby declare the above information is true.

Signature of Appropriate Official:

Signature of Coach:

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date:

**Please complete and forward this form to your Provincial  
 Association's Coaching Coordinator or the National Office:  
 240-1101 Prince of Wales Dr.  
 Ottawa, Ont K2C 3W7**