



## ASSESSING TEACHER/LEADER COMPETENCY FOR HIGHER CARE ACTIVITIES

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

Name of Teacher/Leader \_\_\_\_\_

Proposed Program/Activity \_\_\_\_\_

1. Have you taken any relevant formal training in outdoor education, outdoor pursuits or related disciplines. Include certification courses, academic coursework, non-academic courses, other courses or workshops, but not first aid/CPR. Yes ☐ No ☐

If yes, complete the table below with respect to the most relevant course(s). Write in your responses to the first five rows, and place checkmarks for Yes responses over the remaining items per course. Be prepared to share examples for these items.

Course Particulars	Course 1	Course 2	Course 3
Name of course and level, if appropriate			
Institution/organization offering the course			
Year the course was taken (approximate)			
If led to certification, is the ticket current now?			
Approximate course hours (face-to-face)			
Were your technical skills developed?			
Were your instruction skills developed?			
Were your trip leadership skills developed?			
Did you learn relevant safety procedures?			
Did you learn relevant emergency procedures?			
Did you instruct/lead peers over the course?			
Did you instruct/lead children over the course?			

2. What, if any, first aid certification do you hold? \_\_\_\_\_  
Is this certification considered current by the certifying body? Yes ☐ No ☐
3. What, if any, CPR certification do you hold? \_\_\_\_\_  
Is this certification considered current by the certifying body? Yes ☐ No ☐
4. Do you have relevant personal recreational and/or sport experience in the activity? Yes ☐ No ☐  
If yes, please answer the following:  
Number of years of participation in the activity \_\_\_\_\_ years  
Days of involvement in the activity over the last three years \_\_\_\_\_ days  
Involvement as part of an organized group (e.g., club, team) Yes ☐ No ☐  
Have you had a significant mentor in the activity/environment? Yes ☐ No ☐
5. Have you instructed/led this program/activity formally in the past? Yes ☐ No ☐  
If yes, answer the following, in relation to the proposed program/activity:

Particulars of Instruction/Leadership Experience	Yes	No
Have you taught/led this same program/activity before with similar students?		
Have you taught/led this or other activities in a similar area/site?		
Have you instructed/led students in relevant technical skills?		
Have you instructed/led students in relevant safety procedures?		
Other relevant experience. Specify:		



6. If a new activity for you, have any other schools of which you are aware conducted this activity (note which school, grade, activity and site/area)?

7. When, if at all, were you last at/on the proposed site/route? Date: \_\_\_\_\_

8. For any gaps in personal or professional relevant training, knowledge, skills, health and fitness, and/or experience, what is your plan for addressing this area(s)?

**General Assessment Based on Responses Above**

Competency Element	Perceived Contribution to Overall Competency			
	Low	Mod.	High	Comments
Formal Training / Courses				
First Aid / CPR Certification				
Recreational / Sport Experience				
Instruction / Leadership Experience				
Familiarity With Site / Area / Route				
Interpersonal "Soft" Skills				
Addressing of Gaps				

**Overall Competency for the Proposed Program/Activity**

(check one)

Low

Moderate

High

Comments (e.g., general, requirements for program modification and/or resourcing):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_