



**Horizon School Division
Policy HICA Attachment E:**

Teacher/Leader Qualifications Assessment Form

Superintendent Approved - Required for Moderate Risk/Amber Activities

(NOTE: First page Filled in by Supervising Teacher, Second Page Filled in by Principal)

School:	Individual in charge:	
Formal Training		
I have taken the relevant formal training in outdoor education, outdoor pursuits or related disciplines.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe		
What if any first aid/CPR certifications do you hold?		
Is this certification current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relevant Personal Experience		
Do you have relevant personal and/or sport experience in the activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please answer the following:		
Number of years of participation in the activity	Years:	
Days involved in the activity over the last three years	Days:	
Was this involvement as part of an organized group (club/team)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a significant mentor in the activity/environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you instructed/led this program/activity formally in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please answer the following		
Have you taught/led this same program/activity before with similar students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you taught/led this or other activities in a similar area/site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you instructed/led students in relevant technical skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you instructed/led students in relevant safety procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When, if at all, were you last at/on the proposed site/route?	Date:	

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)?

Administrator to Complete the section below
 (information relates to the skill of the individual in charge)

Formal training/courses	<input type="checkbox"/>	Low	<input type="checkbox"/>	Med	<input type="checkbox"/>	High
Comments:						
First Aid/CPR	<input type="checkbox"/>	Low	<input type="checkbox"/>	Med	<input type="checkbox"/>	High
Comments:						
Applicable Recreation/Sport Experience	<input type="checkbox"/>	Low	<input type="checkbox"/>	Med	<input type="checkbox"/>	High
Comments:						
Instruction/Leadership Experience	<input type="checkbox"/>	Low	<input type="checkbox"/>	Med	<input type="checkbox"/>	High
Comments:						
Familiarity with Site/Area Route	<input type="checkbox"/>	Low	<input type="checkbox"/>	Med	<input type="checkbox"/>	High
Comments:						
Interpersonal "Soft" Skills	<input type="checkbox"/>	Low	<input type="checkbox"/>	Med	<input type="checkbox"/>	High
Comments:						
Degree to Which Gaps are Addressed	<input type="checkbox"/>	Low	<input type="checkbox"/>	Med	<input type="checkbox"/>	High
Comments:						
Overall Qualifications for the Proposed Program/Activity	<input type="checkbox"/>	Low	<input type="checkbox"/>	Med	<input type="checkbox"/>	High
Comments:						

Principal Signature: _____