**Supervisor Declaration**

This form must be completed its entirety. If any portion is incomplete, the form will be returned for completion and re-submission.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | **Approximate number** **of hours** | **Dimension:** | **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |
| **Activities Supervised:** |

**Please read each curricular outcome and check the correct box. Not all outcomes will be observed in each dimension.**

|  |
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| Facilitators Observations |
| **List 2-3 athletic skills/abilities/attitudes the student excels at and any related comments.**  |
| **List 2 athletics skills/abilities/attitudes that the student athlete can work on to improve and any related comments.**  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Observed | Never0 | Rarely1 | Sometimes2 | Always3 |
| **Student communicated their thoughts and feelings in an appropriate manner.**  |  |  |  |  |  |
| **Student demonstrated etiquette and fair play.**  |  |  |  |  |  |
| **Student demonstrated leadership and followership skills.**  |  |  |  |  |  |
| **Student demonstrated positive behaviours and respectful towards others.**  |  |  |  |  |  |
| **Student participated in activities keeping in mind safety considerations for themselves and others.**  |  |  |  |  |  |

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| **Supervisor Information** |
| **Name:** | **E-mail:**  | **Phone:** |
| **Supervisor Qualifications (certification and/or experience):**  |
| **Signature:**  | **Date:**  |