

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.

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	Never 0	Rarely 1	Sometimes 2	Always 3
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.					

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

