



Participant Feedback Form

Adjust to accommodate the Leader or Instructor courses, levels and comments.
Assessment: P - Pass, W - Weak - needs improvement, Fail - Does not meet requirements

Participant: _____ **Course Name:** _____ **Course #:** _____
Instructor(s): _____ **Date:** _____

Paddling Skills: Manoeuvres

Cooperation and communication.	P	W	F
Boat control.	P	W	F
Reaching their destination.	P	W	F
Effective carving technique.	P	W	F
Required Manoeuvres (where applicable).	P	W	F

Paddling Skills: Strokes

Stroke functions (effective strokes to meet their destination)	P	W	F
Stroke mechanics (when applicable)	P	W	F

Knowledge (when applicable)

Equipment knowledge and care.	P	W	F
Transport Canada safety requirements.	P	W	F
PaddleSmart & the 3 Ts (Trip Plan, Taking the Essentials, Training).	P	W	F
Understanding of safe paddling practices and hazards within their environment.	P	W	F
Understanding of paddling concepts (when applicable).	P	W	F

Safety & Rescue Skills

Safe practices when moving the canoe on land.	P	W	F
Safe paddling practices.	P	W	F
Canoe and swimmer (when applicable) rescue.	P	W	F

Comments: _____

Final Assessment _____ **P W F**

Instructor signature(s): _____