

# Level I Synopsis

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NAME \_\_\_\_\_ DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

**PLEASE PLACE A CHECK BY ANY OF THE BELOW YOU HAVE TAUGHT:**

Adults\_\_ Age 20-49\_\_ Age 50↑\_\_ Children\_\_ Age 5↓\_\_ Age 6-12\_\_

Teens 13-19\_\_ Groups\_\_ Multi-week\_\_ Privates\_\_

**PRACTICAL TEACHING:**

A minimum of ten practical teaching hours are required to participate in a Level I exam. Please provide a brief review of your experiences.

1. WHAT WORKED WELL?

2. WHAT WERE YOUR CHALLENGES?

3. WHAT AREA(S) DO YOU FEEL NEED IMPROVEMENT TO BE MORE EFFECTIVE IN YOUR TEACHING?

**TRAINING CLINICS:**

A minimum of ten clinic/training hours are required to participate in a Level I exam. Please provide a brief review of your experiences.

1. TYPE OF CLINICS?

2. WHAT WORKED WELL?

3. WHAT AREA(S) DO YOU FEEL YOU NEED MORE TRAINING IN TO BE MORE EFFECTIVE IN YOUR TEACHING OR SKIING?

Participant Signature \_\_\_\_\_

Participant's Trainer Signature \_\_\_\_\_