



LIFESAVING SOCIETY
The Lifeguarding Experts

LIFESAVING SOCIETY REPORT CARD

INFORMATION

Candidate Name:	*Signature:
Instructor/Examiner Name:	Signature:
Course Location:	Date:

*Acknowledgement of receipt

OVERALL PERFORMANCE ON COURSE AND/OR EXAMINATION

Check:

Pass Fail

ACHIEVEMENT EXPECTATIONS

When assessing the candidate's performance check the appropriate box and provide comments explaining the criteria indicated by the "must sees".

Test Item:	Performance: (check) <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments: (refer to must sees)	

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STRENGTHS/WEAKNESSES/NEXT STEPS:

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