**Sidewalker/Coach Training Evaluation & Skill Check-off Sheet**

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *Does Not Meet Criteria 2- Meets Criteria 3- Exceeds Criteria*

*Individuals who receive a ‘1’ in any Bolded area will receive verbal follow up by Horses Help staff.*

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| --- | --- | --- |
| **Demonstrating Timeliness** | 1. Arrived Late
2. Arrived on time
3. Arrived early and prepared
 |  |
| **Demonstrates respect of HH facility guidelines (attire, respect of horses, etc.)** | 1. No understanding
2. Basic understanding of guidelines
3. Strong understanding and verbalization of guidelines
 |  |
| **Demonstration of Safety Holds (thigh, cuff, heel)** | 1. Needed multiple physical and/or verbal prompts from instructor
2. Followed directions but needed minimal to no physical or verbal prompts from instructor
3. Followed directions and demonstrated holds independently
 |  |
| **Coaching** **hand placement on reins scenario** | 1. Unclear directions. Insufficient use of verbal and non-verbal directions. Needed prompting from instructor
2. Clear and concise directions. Utilized verbal and non-verbal communication
3. Extremely clear and concise directions. Excellent use of verbal and nonverbal communication with rider and SW.
 |  |
| **Coaching****hand over hand scenario: right turn, left turn, whoa** | 1. Unclear directions. Insufficient use of verbal and non-verbal directions. Needed prompting from instructor
2. Clear and concise directions. Utilized verbal and non-verbal communication. Effective hand over hand cueing.
3. Extremely clear and concise directions. Excellent use of verbal and nonverbal communication with rider and SW. Extremely effective hand over hand cueing.
 |  |

*Instructor- Circle one:*

**MEETS CRITERIA:** Volunteer meets criteria as a coach/sidewalker

**DOES NOT MEET CRITERIA:** Volunteer does not meet criteria as a coach or sidewalker

* Verbal follow up with volunteer done by staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Plan of action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_