

Course # _____

CSPA # _____

CSPA
Coach Two Challenge
Portfolio
for

Candidate Name: _____

CSPA # _____



Send a copy of your completed portfolio to:

CANADIAN SPORT PARACHUTING ASSOCIATION

204-1468 Laurier Street, Rockland, Ontario, K4K 1C7

office@cspa.ca

Course # _____

CSPA # _____

Coach 2 Workshop Completion

This certifies that:

Candidate Name _____ CSPA # _____

Has attended the Coach 2 course and
_____ has completed the technical course.

This Coach 2 temporary rating **Expires** on:

Day Mon Year (**One year** from date of Coach 2 course)

Course number:

Course Location: _____ Province: _____

Learning Facilitator:

LF Signature: _____

I acknowledge the above evaluation of my abilities during this course.

Candidate's Signature

Congratulations on working towards your Coach 2 rating. This Portfolio is valid for one (1) year from the issue date, so long as your CSPA affiliation is kept current.

To certify your rating, you must complete the following items prior to the expiry date stated in your portfolio:

- Complete **25 personal jumps**, for skill development.
- Perform **25 1:1 FS jumps with Solo or A CoP holders**.
- Complete **1 Evaluation Jump** directly observed and debriefed by a Certified Coach 2 after you have completed the 25 1:1 coach contacts.
- Within **one (1) year** of the completing the Coach 2 Course, record the coaching contacts in this portfolio. When complete, have it signed by a Certified SSE.
- If you have not previously completed the CAC Module A Ethics or CSPA Coach 1 Ethics evaluation, speak with your Facilitator for information on how to complete this. Contact Ratings Processor at office@cspa.ca if required.

Once you have completed the above requirements, please do the following:

1. **Maintain a copy of the Portfolio for your own personal records**
2. Email a scanned copy of the portfolio to office@cspa.ca. The scanned copy must be legible and “full” sized (not reduced).

Once this is done and approved, a new affiliation card will be sent to you and you will be a Certified Coach 2 with the CSPA (this is equivalent to CAC Instruction Intermediate). You will have to renew your CSPA affiliation and your rating according to the currency requirements outlined by CSPA.

If you do not complete the requirements before the expiry date in your portfolio you may request an extension. A valid reason is required. There is a \$25 fee for the processing of an extension request.

E-mail office@cspa.ca **before** your expiry date if you have any questions on extensions.

Coaching and Instructing is a rapidly developing area of our sport. Strive to keep yourself updated with new ideas in safety and techniques. Feel free to contact the Coaching Working Committee (CWC) with any questions, comments, or ideas that you may have at office@cspa.ca.

Revalidation Up To 5 Years

- Complete the Coached Jump Evaluation Form from the C2 Portfolio with a Certified C2
- Complete the Revalidation Form
- Submit the Revalidation form and Evaluation Form to office@cspa.ca

Revalidation After 5 Years

- Complete the final evaluation jump from the Coach 2 course with a certified Coach 2 LF
 - Complete the Jump #4 Evaluation forms from the C2 Candidate File
- Pass the Coach 2 written exam
- Complete the Revalidation Form
- Submit the Revalidation form, Evaluation Form, and exam to office@cspa.ca

Privileges of the Coach 2:

As a Coach 2, you will be able to conduct 1:1 training for Formation Skydiving / Relative Work (FS/RW) based on the CSPA Skills Grid as well as providing constructive organization for recreational FS loads. You can also help keep the intermediate jumpers motivated to jump between their FS loads by challenging them to improve on their manoeuvre sets and other CoP requirements as well as helping them to improve on their stand- up accuracy to work towards their Exhibition Jump Rating. You can also provide accurate technical information to help build a good foundation of skills which can be applied to any of the competitive disciplines.

The Coach 2 (certified) is a prerequisite for the PFF Instructor course.

Note: This applies to traditional flat/belly flying only. Freefly, Canopy and Artistic disciplines are not explicitly covered by the Coach 2 at this time.

The Coach 2 Verification (sign-offs) must be done on a regular basis for the 25 1:1 jumps (at least once a weekend). This is to facilitate the mentoring of the new Coach 2 by more experienced and certified Coach 2(s). It is not acceptable for a Coach 2 to sign off all 25 contacts at one time.

NOTE: This page does not need to be sent to CSPA.

Coaching Contacts Record

1:1 FS Coaching Dives

#	Date	Novice's Name	Freefall Skill Coached	Canopy Skill Coached	Describe novice's skill performance, outcome, areas for improvement	C2 Verification & CSPA # (signature of witness)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Coached Jump Evaluation Form (to be done after the 25 1:1 Coaching Contacts have been completed)

Name of Novice _____ Free fall / Canopy Task _____

Area	Y/N
Briefing / Teaching	
Planning	
• A Written Lesson Plan was prepared for the jump that followed the teaching task criteria	
• Training area was prepared	
• Training aids were collected and checked	
Presentation	
• WPW used, supported by key points	
• Training Aids were used effectively	
• Novice could clearly see all demonstrations, different views	
• Important “Must Knows” were emphasized	
• Session was “Short and Simple” – 1 to 3 MTP’s	
• Coach used effective voice / gestures / eye contact	
• Coach was confident / sincere / in control	
• Technical knowledge was appropriate	
• Safety issues were discussed / reinforced	
Application	
• The novices practice was Realistic / Effective / Sufficient / Monitored / Controlled	
• There was a high degree of novice involvement	
Feedback / Evaluation	
• Novice was asked effective periodic questions	
• The coach handled the novice’s questions well	
• Feedback was PSI / Prescriptive / Involved the opinion of the novice	
• Learning was confirmed in stages	
• There was a final practice / evaluation of the skill without interference	
Goal Setting	
• Appropriate goals were set for the jump	
• All areas of Skills Grid were discussed in briefing	
• Exit practice was conducted	
• Skill analysis was applied	
• There was a final rehearsal of the whole jump, pre-boarding	
Section Y Total / 24	
Pre-Flight / In-Flight / Safety	
• Coach was appropriately dressed	
• Pre-boarding pin checks observed or coached	
• Aircraft loading and seating supervised	
• Mental rehearsal observed or coached	
• Relaxation techniques observed or coached	
• Pre-exit Verbal review observed or coached	
• Pre-exit handles / pin check requested or coached	
• Allowed the novice to check the spot	
Section Y Total / 8	

Coached Jump Evaluation Form (Continued)

Freefall	
• Correct exit / proximity	
• Flying ability	
• Provided optimal position for freefall exercises to occur	
• Correct reaction to potential unusual situations	
• Altitude awareness	
• Correct break-off	
Section Y Total / 6	
Canopy / Equipment / Technical Knowledge	
• Observed canopy skills from optimum viewing position	
• Equipment skill completed	
• Technical Knowledge skill completed	
Section Y Total / 3	
Post Jump	
• Debriefed all areas of jump (Prep-A/C-FF-Can-Equip-Tech)	
• Debrief Format was followed (Novice-Coach-3*W-Practice-Goal Setting-Log)	
• Debrief involved novice's point of view	
• Skill analysis of Freefall — recalled all parts	
• Detected errors	
• Corrected errors	
• Practiced areas for improvement	
• Details recorded / amended in novice's log book	
• Future goals identified in context of skills grid	
Section Y Total / 9	
Overall Y Rating / 50 (require 40 Y to pass)	

I, _____ a **Certified Coach 2** and CSPA # _____
 (Print Evaluator's Name)

did directly witness and verify that the above coaching jump contact was made, evaluated by myself and found to be satisfactory.

Signature _____ Date _____

Course # _____

CSPA # _____

Practical Experience Document

Name: _____

CSPA #: _____

Total Number of Jumps: _____ Jumps made since Course: _____

Years in Sport: _____ CAC NCCP Number: _____

Number of Coaching Contacts since course completion: _____

1:1 FS Coaching _____ Group FS Coaching _____ Other in Air _____

I wish to (check one):

Gain an extension due to: (Note - \$25 Fee for Extension Request)

Visa/MasterCard #: _____ Exp. Date: _____ CVV: _____

Reason(s) for extension: _____

Candidate's Signature

Date (day/mon/year)

Upgrade to C2 Certified

I certify that the information in this portfolio is a true and accurate representation of my experience as a rating holder.

Candidate's Signature

Date (day/mon/year)

Verification by Certified SSE: I have inspected the logbooks of the above named individual and find the information contained in this portfolio to be an accurate record of their experience.

Verification Signature

Date (day/mon/year)

Verification Name (Print)

CSPA #