**IWS Assistant Swim Teachers Practical Marking Sheet**

**Candidates Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| The candidate will be required to pass a practical teaching test by conducting 2 lessons. One a main theme and the second a contrasting activity to 3 pupils lasting 20 minutes. These pupils cannot be candidates themselves | | | | | | | | | |  | | |
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| The examiner should assess the candidate during the 2 lessons and provide an overall assessment. The marking system that should be used is: | | | | | | | | | | | |  |
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|  | **1 = UNACCEPTABLE, 2 = IMPROVEMENT NEEDED, 3 = ACCEPTABLE/GOOD, 4 =VERY GOOD** | | | | | | | | | | | |
| A candidate will fail if they are awarded 1 mark of "1 = Unacceptable" or 3 marks of "2 = Improvement Needed": the examiner should note in the comments column the reason for awarding a mark of 1 or 2 | | | | | | | | | | | | |
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| **Mark** | | **Skill** | | **Comments** | | | | | | | | |
|  | | **1. Main Theme - tick the activity selected** | | | | | | | | | | |
|  | | Frontcrawl | | |  | Breaststroke | |  | Backcrawl | |  | |
|  | | Butterfly | | |  |  | |  |  | |  | |
|  | | Safety | |  | | | | | | | | |
|  | | Explanations | |  | | | | | | | | |
|  | | Demonstrations | |  | | | | | | | | |
|  | | Progressive Practices | |  | | | | | | | | |
|  | | Teaching Points | |  | | | | | | | | |
|  | | Faults and Corrections | |  | | | | | | | | |
|  | | **2. Contrasting Activity - tick the activity selected** | | | | | | | | | | |
|  | | Sculling | | |  | Treading Water | |  | Sidestroke | |  | |
|  | | Teaching the Non Swimmer | | |  | Surface Dives | |  | Inver.Br.Stroke | |  | |
|  | | Safety | |  | | | | | | | | |
|  | | Explanations | |  | | | | | | | | |
|  | | Demonstrations | |  | | | | | | | | |
|  | | Progressive Practices | |  | | | | | | | | |
|  | | Teaching Points | |  | | | | | | | | |
|  | | Faults and Corrections | |  | | | | | | | | |
|  | | **Overall Assessment** | | | | | | | | | | |
|  | | Grouping | |  | | | | | | | | |
|  | | Class Improvement | |  | | | | | | | | |
|  | | Class Enjoyment | |  | | | | | | | | |
|  | | Class Involvement | |  | | | | | | | | |
|  | | Teaching Position | |  | | | | | | | | |
|  | | Discipline | |  | | | | | | | | |
|  | | Manner | |  | | | | | | | | |
|  | | Teacher/Pupil Relationship | |  | | | | | | | | |
|  | | Voice | |  | | | | | | | | |
|  | | Dress | |  | | | | | | | | |
| I confirm that the candidate has PASSED / FAILED the IWS AST practical examination (delete as appropriate) | | | | | | | | | | | | |
| Examiners Name | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Candidates Name | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Course Venue | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| *I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018.*  **Original sent to IWS HQ, The Long Walk, Galway and a copy retained by Area Committee** | | | | | | | | | | | | |