P.O. Box 311 Riderwood, MD 21139 Ph: 1-800-484-0419 E: admin@lifeguardcertifications.com Web: lifeguardcertifications.com

Instructor Candidate Skills Assessment Form (ICSAF)

Student Name	Demonstrated Skills	Delivered Lesson #1	Delivered Lesson #2	Conducted Practice Session	Completed Written Exam	Conducted Final Skills Assessment

WASH Teacher Name: _____ Date: _____

WASH Teacher Signature: _____ WASH Teacher Certification ID: _____