



**East Bay Regional Park District
Aquatics**

SKILL AUDIT

Facility: _____
 Name: _____
 Date: _____
 Skill: _____
 Videotaped: Yes ___ No ___
 Time: _____

Highest Possible Score: _____	Lifeguard Score: _____	Certification Course Skill: Yes__ No__
Outstanding ___ Above average ___ Satisfactory ___ Improvements needed ___ Unsatisfactory ___		Date Last Practice: _____
OVERALL COMMENTS		
CRITICAL SKILLS MISSED		
ESSENTIAL SKILLS MISSED		
STRATEGIES FOR IMPROVEMENT		

Lifeguard Signature: _____

Head Guard Signature: _____

Evaluators Signature: _____

Aquatics. Supervisor Signature: _____

FOR OFFICE USE ONLY AUDIT #1	RE-AUDIT #2	RE-AUDIT #3
Audit Date: _____	Audit Date: _____	Audit Date: _____
Action Needed: _____	Action Needed: _____	Action Needed: _____
Next Rating Date: _____	Next Rating Date: _____	Next Rating Date: _____
Audit Approval: Yes ___ No ___	Audit Approval: Yes ___ No ___	Audit Approval: Yes ___ No ___
New Status: ___ On duty ___ Probationary ___ Administrative leave	New Status: ___ On duty ___ Probationary ___ Administrative leave	New Status: ___ On duty ___ Probationary ___ Administrative leave

Copies distributed to: Lifeguard ___ Head Guard ___ Aquatics Supervisor ___ Aquatics Manager ___ Other (specify) :