



Coach Evaluation Request Form

Now that you have completed your portfolio and are ready to submit it to BCAS, please complete the form below. This will allow us to help facilitate the process between you and your evaluator.

Name: _____ Date of CI Course Attended: _____

NCCP #: _____ Name of CI Learning Facilitator: _____

Current Coaching Environment (club, age group you coach, event(s) you coach):

Preferred Practice Evaluation Time (date(s), time, location) – list at least 3:

Preferred Competition Evaluation Competition & Event (i.e. PS Provincial Championships; 11-12PS Team):

*****Please note that the above information will be taken into consideration by the evaluator, and they will do their best to accommodate the request. However, times are set based on the availability of the evaluator and on a first-come-first-serve basis.**
