



Preschool Proficiency

Side 1: Please print each candidate's name and contact information legibly.

	Date of Birth Y/M/D	Prerequisites Checked	Knowledge and Understanding of Preschoolers	Movement for Preschoolers	Songs for Preschoolers	Games for Preschoolers	Swimming Skills for Preschoolers	Water Smart® Activities Designed for Preschoolers	Result
			1	2	3	4	5	6	
1	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
2	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
3	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
4	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
5	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
6	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								

Check box if there are more candidates on the reverse side of this page. This test sheet is page ___ of ___ pages.

Satisfactory Performance **F** Fail Total Pass for Course/Clinic Total Fail for Course/Clinic

Instructor Information

Assessor's Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____

Assessor's Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____

Awards information

Awards issued by affiliate

Awards not issued

Course/Clinic Information

Start Date: ____ YY ____ MM ____ DD End Date: ____ YY ____ MM ____ DD

Facility name _____ Telephone _____

Payment information

Exam fees attached

Exam fees not attached

Send invoice or receipt to _____

Affiliate _____ Telephone _____

Address _____

code _____



Preschool Proficiency

Side 2: Please print each candidate's name and contact information legibly.

Date of Birth Y/M/D	Prerequisites Checked	Knowledge and Understanding of Preschoolers	Movement for Preschoolers	Songs for Preschoolers	Games for Preschoolers	Swimming Skills for Preschoolers	Water Smart® Activities Designed for Preschoolers	Result
		1	2	3	4	5	6	
7	Sex M F							
Name								
Address								
City		Postal code						
E-mail		Telephone						
8	Sex M F							
Name								
Address								
City		Postal code						
E-mail		Telephone						
9	Sex M F							
Name								
Address								
City		Postal code						
E-mail		Telephone						
10	Sex M F							
Name								
Address								
City		Postal code						
E-mail		Telephone						
11	Sex M F							
Name								
Address								
City		Postal code						
E-mail		Telephone						
12	Sex M F							
Name								
Address								
City		Postal code						
E-mail		Telephone						

Check box if there are more candidates on the reverse side of this page.
This test sheet is page ___ of ___ pages.

Satisfactory Performance **F** Fail Total Pass for Course/Clinic Total Fail for Course/Clinic

Course/Clinic Information

Start Date: ___/___/___ End Date: ___/___/___
YY MM DD YY MM DD

name _____ Telephone _____ () _____

Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet. Host name, Course/Clinic information, and Instructor sections must be completed on both sides 1 and 2 of the test sheet.

Instructor Information

Assessor's Name _____ ID# _____

E-mail _____ () _____

Telephone _____ Signature _____

Assessor's Name _____ ID# _____

E-mail _____ () _____

Telephone _____ Signature _____