

Florida Rider Training Program - FRTP RiderCoach Intern Form

Florida Rider Training Program (FRTP)
930 Lily Ave. East (863)419-3420
Haines City, FL. 33844 FAX: (863) 419-3421

ATTN.: Kip Bickford, FRTP Program Manager

1	Date: <input style="width: 95%;" type="text"/>	RERP No.: <input style="width: 95%;" type="text"/>
	Site: <input style="width: 99%;" type="text"/>	
	Your Name: <input style="width: 99%;" type="text"/>	
	Internee: <input style="width: 99%;" type="text"/>	

! Upon completion of the internship please provide a copy of the completed Rider Coach Internship Report to Program Manager Kip Bickford.
If necessary, you may continue your answer on an additional sheet.

2 CLASSROOM

a) Please check the corresponding unit(s)/sections conducted:

- 1
 2
 3
 4
 5

Statement	Yes	No
b) Did the Rider Coach divide the assigned segment(s) into three steps?	<input type="checkbox"/>	<input type="checkbox"/>
c) Were learner-centered and content-centered questions used?	<input type="checkbox"/>	<input type="checkbox"/>
d) Did the Rider Coach demonstrate competence by having a good motorcycle knowledge base?	<input type="checkbox"/>	<input type="checkbox"/>
e) Does the Rider Coach have an understanding of the curriculum and unit content?	<input type="checkbox"/>	<input type="checkbox"/>
f) Did the Rider Coach cover all of the required material?	<input type="checkbox"/>	<input type="checkbox"/>
g) Was the Rider Coach able to manage group dynamics?	<input type="checkbox"/>	<input type="checkbox"/>
h) Did the Rider Coach demonstrate the technical skills to work with multimedia?	<input type="checkbox"/>	<input type="checkbox"/>
i) Were the classroom presentations F.E.E. -- fun, efficient, effective?	<input type="checkbox"/>	<input type="checkbox"/>

j) Reflection:

Florida Rider Training Program - FRTP Internship Report - Rider Coach Mentor Form

3 RANGE

a) Please indicate the position the Rider Coach fulfilled for each range and evaluation exercise:

Range Exercise	C1	C2	Observer
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation Exercise	C1	C2	Observer
1 & 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statement	Yes	No
b) Did the Rider Coach work to ensure a safe, positive learning environment with effective range management?	<input type="checkbox"/>	<input type="checkbox"/>
c) Were the Range Rules followed at all times?	<input type="checkbox"/>	<input type="checkbox"/>
d) Did the Rider Coach demonstrate an understanding of the principles of motorskill development?	<input type="checkbox"/>	<input type="checkbox"/>
e) Did the Rider Coach demonstrate an understanding of motorcycle operation?	<input type="checkbox"/>	<input type="checkbox"/>
f) Was the Rider Coach able to effectively communicate with each rider about how to improve?	<input type="checkbox"/>	<input type="checkbox"/>
g) Was the coaching well-timed and meaningful?	<input type="checkbox"/>	<input type="checkbox"/>
h) Did the Rider Coach follow the action steps for the exercises conducted?	<input type="checkbox"/>	<input type="checkbox"/>
i) Was the Rider Coach able to ensure correct demonstrations were provided for each exercise?	<input type="checkbox"/>	<input type="checkbox"/>
j) Were the range exercises conducted in a S.E.E. - safe, efficient, effective - manner?	<input type="checkbox"/>	<input type="checkbox"/>
k) Was there a division of participation plan communicated before the start of class?	<input type="checkbox"/>	<input type="checkbox"/>
l) Were the Rider Coach Rules of Professional Conduct followed?	<input type="checkbox"/>	<input type="checkbox"/>
m) Did the Rider Coach seem to establish a good rapport with the students?	<input type="checkbox"/>	<input type="checkbox"/>

Florida Rider Training Program - F RTP Internship Report - Rider Coach Mentor Form

4 FEEDBACK

a) How did you prepare for the class?

b) What are some of your strengths?

c) What can you do to improve for the next class?

d) What was different from your RCP to this class?

5	Statement	Yes	No
	Do you feel the Rider Coach satisfactorily completed this internship assignment?	<input type="checkbox"/>	<input type="checkbox"/>
	Was this report and content reviewed with the Rider Coach?	<input type="checkbox"/>	<input type="checkbox"/>