



# 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 \_\_\_\_\_

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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								
Name	Sex M F							
Address								
City	Postal code							
E-mail	Telephone							
8								
Name	Sex M F							
Address								
City	Postal code							
E-mail	Telephone							
9								
Name	Sex M F							
Address								
City	Postal code							
E-mail	Telephone							
10								
Name	Sex M F							
Address								
City	Postal code							
E-mail	Telephone							
11								
Name	Sex M F							
Address								
City	Postal code							
E-mail	Telephone							
12								
Name	Sex M F							
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 \_\_\_\_\_