

## COPE Skill Self-Assessment

Name: \_\_\_\_\_

Please check the appropriate category:

	Have Taught	Have Knowledge	Need Help
Group Initiative Games			
Low Course			
High Course			
Rappelling			
Releasable Rappels			
Belaying			
Knot-tying			
Rock Climbing			
Mechanical Advantage Systems & Universal Access			
Working with Fear			
Working with Disabilities			
Equipment and Maintenance Records			
ACCT Standards			
NCAP Standards			

COPE Training (or equiv.): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

First Aid Training: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CPR Training: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Tell me more about your instruction, teaching, and facilitating experience: \_\_\_\_\_

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Please utilize the back of this page to provide any additional information you would like me to know.