



# SINGAPORE SWIMMING TEACHERS' ASSOCIATION



## STA Practical Attachment Form

Venue : \_\_\_\_\_ BTC 8weeks / STC 12 weeks

Type Of Class : Beginners / Intermediate / Advance

No	Date	Time-in	Time-out	No. of Students	Signature of Mentor Coach
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Name Of Trainee Swimming Teacher : \_\_\_\_\_ BTC/STC \_\_\_\_\_

NRIC/Passport No: \_\_\_\_\_ Contact No: \_\_\_\_\_

Name and Signature of Mentor: \_\_\_\_\_

<p>Please submit this form and collect your certificate from  <b>our Technical Office, Mr. Kin Choon Nah. Tel: (65) 9757 6516</b></p>
---





# SINGAPORE SWIMMING TEACHERS' ASSOCIATION



## Trainee Swimming Teacher's Report

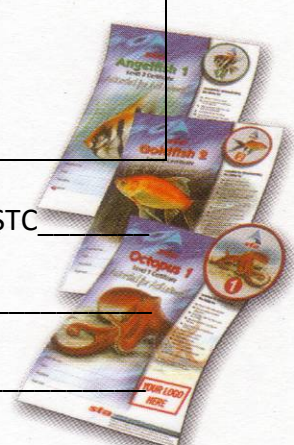
Give a brief description of what you do each lesson. (e.g. things that you learnt, degree of guidance given, progress of your pupils, rapport, etc )

Week 1	Week 2
Week 3	Week 4
Week 5	Week 6

Name Of Trainee Swimming Teacher : \_\_\_\_\_ BTC/STC \_\_\_\_\_

NRIC/Passport No: \_\_\_\_\_ Contact No: \_\_\_\_\_

Name and Signature of Mentor: \_\_\_\_\_





# SINGAPORE SWIMMING TEACHERS' ASSOCIATION



## Trainee Swimming Teacher's Report

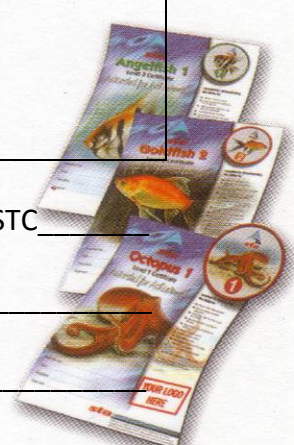
Give a brief description of what you do each lesson. (e.g. things that you learnt, degree of guidance given, progress of your pupils, rapport, etc )

Week 7	Week 8
Week 9	Week 10
Week 11	Week 12

Name Of Trainee Swimming Teacher : \_\_\_\_\_ BTC/STC \_\_\_\_\_

NRIC/Passport No: \_\_\_\_\_ Contact No: \_\_\_\_\_

Name and Signature of Mentor: \_\_\_\_\_





# SINGAPORE SWIMMING TEACHERS' ASSOCIATION



## Mentor-Coach's Report

Please complete and review with your trainee teacher's learning attitude?  
(e.g. punctuality, behaviour, mannerism, etc)

Are you satisfied with your trainee teacher's teaching progress or does he/she require further guidance? (e.g. confidence level, ability to handle big or small size class).

What is your final recommendation?

Name Of Trainee Swimming Teacher : \_\_\_\_\_ BTC/STC \_\_\_\_\_

NRIC/Passport No: \_\_\_\_\_ Contact No: \_\_\_\_\_

Name and Signature of Mentor: \_\_\_\_\_

