
Vancouver Island Emergency Response Academy

Unsuccessful Candidate
Practical Skills Evaluation(s)

COURSE #:	DATE OF COURSE:
COURSE NAME:	
NAME(S) OF EVALUATORS: _____ _____	NAME OF CANDIDATE AND DEPARTMENT/ORGANIZATION: _____ _____
EXPLANATION (TO BE COMPLETED BY THE EVALUATOR): _____ _____ _____ _____ _____	
RECOMMENDATION: _____ _____ _____ _____	

EVALUATOR SIGNATURE

CANDIDATE SIGNATURE