



ROCKY MOUNTAIN

American Association of Snowboard Instructors



Rocky Mountain Trainer Preview Clinic Feedback Form

Name: _____ Date: ____/____/____

Location: _____ Clinician: _____

This feedback is specific to your performance during the Snowboard RMT Preview. Remember, your performance could change at your exam due to terrain, snow conditions, weather, and emotional, mental, and physical status. This feedback should be used to assist with training, not as an answer to whether you will pass the exam. Keep training both your strengths and areas that need improvement so that you can be ready for your exam.

INSTRUCTION

Strengths _____

Rx _____

MA

Strengths _____

Rx _____

RIDING

Strengths _____

Rx _____

