



SEPAK TAKRAW ASSOCIATION OF CANADA (STAC)

PO Box 24101, RPO Broad St Regina, SK S4P 4J8 Canada
Phone/Fax: (306) 584-8778 Email: STAC@SepakTakraw.ca
Web Site: www.SepakTakraw.ca

REGU & DOUBLES SEPAK TAKRAW COACHING DEVELOPMENT COMMUNITY SPORT STREAM - INITIATION

PRACTICAL FORM

Currently, the Sepak Takraw Association of Canada (STAC) and Sepak Takraw Saskatchewan (STAS) are in the midst of working together with the Coaching Association of Canada (CAC) to create and pilot an National Coaching Certification Program for Sepak Takraw, starting with the Regu and Doubles games. While this process is underway, STAC and STAS are already training and certifying coaches for the Community Sport Stream and are available to help other provinces do the same. Hence, the minimum requirements for achieving Community Sport Stream Coaching Certification in Regu/Doubles Sepak Takraw as set out by the Sepak Takraw Association of Canada are:

1. Theory – Successful completion of the Introduction to Competition-A Course (old Level 1 Theory) ... after which coach is considered “In Training”;
2. Technical – Successful completion of the Community Sport Stream Technical Regu/Doubles Sepak Takraw Clinic ... after which coach is considered “Trained”;
3. Practical – Successful completion of the Practical Sepak Takraw Coaching Component as per outlined below ... after which coach is considered “Certified”:
 - Coach or assist in the coaching of a Sepak Takraw team, or several teams in a club, for an Indoor or Outdoor Season (3-month period) entailing at least 20 hours of practice/training;
 - Observe a Competition Stream practice in any sport conducted by a NCCP certified coach and complete the Observation Form and return it to the STAC office, or your Provincial Sepak Takraw Office if applicable;
 - Complete the Self-Improvement Plan Form and return it to the STAC office, or your Provincial Sepak Takraw Office if applicable;
 - Complete this Practical Component Form and return it to the STAC office, or your Provincial Sepak Takraw Office if applicable;
 - Individual Membership with STAC, or your Provincial Sepak Takraw Association, is mandatory during the Practical Component period.

PRACTICAL COMPONENT:

The purpose of this form is to provide an official statement concerning the fulfillment of the Practical Component of Community Sport Stream Certification for Sepak Takraw.

TO OBTAIN RECOGNITION FOR YOUR PRACTICAL COMPONENT, PLEASE COMPLETE AND FORWARD THIS FORM TO THE ADDRESS OR FAX NUMBER LISTED ABOVE.

COMMUNITY SPORT STREAM SEPAK TAKRAW COACH CANDIDATE:

First Name & Initial: _____ Last Name: _____ NCCP No. _____

Street: _____ City: _____ Prov: _____

Postal Code: _____ E-Mail: _____

Work Ph: () _____ - _____ Home Ph: () _____ - _____ Cell: () _____ - _____

Fax: () _____ - _____ Date of Birth (dd/mm/yyyy): _____

COMMUNITY SPORT STREAM, REGU/DOUBLES SEPAK TAKRAW

TECHNICAL COACHING CLINIC COMPLETED:

Date: _____ Location: _____

Course/Clinic Instructor: _____

DESCRIPTION OF PRACTICAL EXPERIENCES:

Please place any further information on a separate sheet and attach it to this form.

Name of School, Club and/or Team(s): _____

Location: _____

Name(s) of League, Tournament(s), Championship, etc. in which team(s) participated:

Description of Team/s (i.e. numbers of players on team, gender, age class of players, etc.):

Nature of Candidate's involvement:

- Average number of sessions per week: _____
- Average length of time for each session: _____

STATEMENT OF VERIFICATION

This is to certify that _____ has been directly involved in the coaching of the above-mentioned team(s) for a minimum of one approximately 3-month indoor or outdoor season, with at least 20 hours of training.

I hereby declare that the above information is true.

Name of Supervisor

Signature

Title

Date

Street Address, City, Province and Postal Code

Signature of Candidate

Date

TO OBTAIN RECOGNITION FOR YOUR PRACTICAL COMPONENT PLEASE COMPLETE AND FORWARD THIS FORM TO THE SEPAK TAKRAW ASSOCIATION OF CANADA



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SPORT PRACTICE OBSERVATION FORM

COACH PROFILE		COACHING EXPERIENCE	
Full Name _____		Coaching Experience (e.g. level, age of participants) _____	
Complete Address _____		Date of Community Course _____	
Phone Number _____	Email _____	Course Instructor _____	

Coach Observed: _____ NCCP Level: _____

Team's Name: _____ Male () Female () Co-ed ()

Number of Players: _____ Age Range: _____
(please attach a team roster if available)

Date of Observation: _____ Time: _____

Place of Observation: _____

INTRODUCTION

Prior to attending somebody else's practice, contact the coach and ask permission to fulfil your Practical requirements of observing a practice. Avoid visiting a practice of a rival team (if applicable) for obvious reasons unless the coach does not mind to be observed by you.

Once the permission has been granted, you can ask the coach to send you his/her practice plan in advance. If that is not possible, you can ask for the practice plan at the practice site. If the NCCP coach does not have a practice plan, you report it in the Form.

While observing the practice, place yourself close enough to the action to hear the coach's comments and far enough not to interfere with the practice. Feel free to walk around following the action.

WHAT TO OBSERVE

This exercise has a primary goal, to allow you to observe how to conduct a practice, i.e. PRACTICE MANAGEMENT. We hope that by observing the practice you will be able to answer the following questions:

1. What was the coach trying to achieve? Objectives!
2. How did the coach try to achieve the goals? Content/Methods
3. Did the coach succeed at achieving the goals? Evaluation
4. What were the strategies used by the coach to maximize performance in practice?
5. Overall coaching philosophy (a practice may not be enough for you to learn this but you can ask the coach for his/her coaching philosophy)
6. Was the use of the time well spent during the practice?
7. How did you like the way the coach organized the practice?
8. How did you like the way the coach interacted with the players?

BONUS

Although the main purpose of the observation is not to learn about skills or tactics but rather about Practice Management, did you learn anything about skills and/or tactics? Can you describe them?

A copy of this completed Practice Observation Form must be sent to our STAC office by mail or fax as indicated on letterhead above.



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SEPAK TAKRAW COACH SELF-IMPROVEMENT PLAN

COACH PROFILE		COACHING EXPERIENCE	
Name _____		Coaching Experience (e.g. level, age of participants) _____	
Address _____		Date of Community Course _____	
Phone Number _____	Email _____	Course Conductor _____	

A – Areas for Improvement

- | | |
|---|---|
| 1. Planning | 5. Communication/observation skills |
| 2. Practice Organization | 6. Coaching Skills, Ball Handling |
| 3. Drill Management, Selection, Structure, Explanation, Demonstration | 7. Provide fun and enjoyment for athletes |
| 4. Coaching Intervention during practices and matches, Feedback, Error Detection/Correction | 8. Game management |
| | 9. Technical and tactical knowledge |
| | 10. Responsible coaching |
| | 11. Other _____ |

B – Action Plan

An effective Action Plan must consist of 1) identifying Goals that relate to area(s) of improvement (see examples above), 2) utilizing available Resources and 3) setting Timelines. Use the framework below to guide your Self-Improvement Plan.

My Coaching goals are: (identify SMART goals – Specific, Measurable, Attainable, Realistic and Timelines)

GOAL	RESOURCES (e.g. books, videos, people)	TIMELINES
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

C – Evaluation

I, _____, have made a conscientious effort to improve the above mentioned goals and feel that I have attained my goals within the above mentioned time frame using all the resources that were available to me. Therefore, I believe that I have developed my coaching competencies/skills to the level required by the Sepak Takraw Community Sport Stream Course.

Coach Signature

Date

Evaluator Signature (Competition Certified Coach - any sport)

Position

Date

*Please send a copy of your Self-Improvement Plan to the STAC office as addressed above.