

Outdoor Action Climber Skills Assessment

Name _____ Class _____

Address _____ Phone _____

Please rank how qualified you feel about your skills in the following areas.

1) Please describe any of formal climbing training you have had, both with OA or outside.

- ☐ Beginning Rock Climbing Course - Mo/Yr _____
- ☐ Top Rope Systems Course - Mo/Yr _____
- ☐ Top Rope Evaluation Field Trip - Mo/Yr _____
- ☐ Other courses outside OA _____

2) Please check off all the sections that describe your personal climbing experience. Indicate how long you have been climbing and what difficulty level of climbs you are qualified with under that type of climbing.

Activity	Length of Time	Current Rating of Climbs
<input type="checkbox"/> Climbing Wall	How long? _____.	Current Grade Level _____
<input type="checkbox"/> Top Rope Climbing	How long? _____.	Current Grade Level _____
<input type="checkbox"/> Following multi-pitch climbs	How long? _____.	Current Grade Level _____
<input type="checkbox"/> Leading multi-pitch climbs	How long? _____.	Current Grade Level _____

List Climbs you have done in
the last year with Grade Level
(5.X)

3) Please rank your level of confidence in your own climbing skills.

	Highly Qualified to Teach	Highly Qualified for Myself	Qualified	Not Qualified
<input type="checkbox"/> Knots				
<input type="checkbox"/> Tying In				
<input type="checkbox"/> Belaying				
<input type="checkbox"/> Climbing Movement & Technique				
<input type="checkbox"/> Escaping a Belay				
<input type="checkbox"/> Setting up Anchors				
<input type="checkbox"/> Managing a Climbing Site				
<input type="checkbox"/> Rappelling				

4) Please describe any experience you have teaching climbing or leading climbing groups.

5) Describe any specialty training applicable to Climbing (high angle rescue knowledge, etc.)?