



BRC RiderCoachSM Preparation Report Form

Sponsor (RERP Name) _____ State _____ RERP# _____

RCP Candidate breakdown:			
Number of candidates started:		Number of unsatisfactory Student Teaching:	
Number of unsatisfactory Skill Test:		Number of self-dropped:	
Number of unsatisfactory Knowledge Test:		Number of successfully completed candidates:	
Sponsor Category:			
<input type="checkbox"/> State Program <input type="checkbox"/> Independent Program <input type="checkbox"/> Military Program <input type="checkbox"/> Other Program:			
Schedule:			
RCP Start Date:	RCP End Date:	Total Number of days:	Total Number of hours:
Student Teaching:			
Number of BRC classes held:	Number of students starting:	Number of students completing:	

I certify the information presented in this report is true to the best of my knowledge. I have conducted the RiderCoach Preparation course within the guidelines and standards of the Implementation Team and MSF.

BRC RiderCoach Trainer Name: _____ RCT#: _____
(print or type)

Signature: _____ Date: _____

BRC RiderCoach Trainer Name: _____ RCT#: _____
(print or type)

Signature: _____ Date: _____

BRC RiderCoach Trainer Name: _____ RCT#: _____
(print or type)

Signature: _____ Date: _____

This report must be completed and submitted to the MSF no more than 10 days after completion by RiderCoach Trainer(s) conducting RiderCoach Preparation. Also, each RiderCoach Trainer involved in the RiderCoach Preparation course must include an RCP Reflective Piece Form for their RCT training records.