

CONNECTICUT REGION – NATIONAL SKI PATROL SYSTEM, INC.
PROGRAM REPORT

INSTRUCTOR DEVELOPMENT

AS OF April 1, 2025

Please complete and email
to
skip.mudge.nsp@gmail.com
by April 1, 2025

PROGRAM ADVISOR:	Michael Gajdosik	
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ASSISTANT ADVISOR:	NAME:	CONTACT:
ASSISTANT ADVISOR:	NAME:	CONTACT:

MISSION STATEMENT

NSP: TO HELP KEEP PEOPLE SAFE ON THE MOUNTAIN AND DURING OTHER OUTDOOR ACTIVITIES.
PROGRAM MISSION STATEMENT: To develop the future of the NSP by building the instructors that deliver its programs.

EXECUTIVE SUMMARY: 2024-25 SEASON

The continued exposure to and embrace of digital meetings helped to advance the hybrid model even further. Although the new instructor candidate pool continues to be small, this model helped to meet their needs as individual learners and prepares them for the hybrid model used in many of NSP's other programs. The return to in-person education has also helped drive interest in the classroom offering. NSP continues to roll out updated hybrid courses in the learning management system to further enhance the instructor candidates learning.

PROGRAM GOALS: 2024-25 SEASON

*Please list the SMART goals your program focused on **this** season, along with their achievement status. **Refer to last year's report.** (Specific, **M**easurable, **A**ttainable, **R**elevant and **T**ime bound)*

- 1. Provide sufficient ID courses to meet the needs of the Region programs and the Patrols.*
- 2. Work with other programs to provide needed instructor development and continuing education opportunities.*

ACTIVITIES / PARTICIPATION

Activity	# Instructors/ Other	# Participants
ID Hybrid Courses	3	12

PROGRAM GOALS: 2025-26 SEASON

*Please list your program's SMART goals for **next** season. (Specific, **M**easurable, **A**ttainable, **R**elevant and **T**ime bound)*

- 1. Provide sufficient ID courses to meet the needs of the Region programs and the Patrols.*
- 2. Work with other programs to provide needed instructor development and continuing education opportunities.*

RECRUITMENT/MARKETING

All instructors must first go through the ID program, prior to aligning with their discipline specific process. Every program feeds the ID program and gets stronger through reinforcing and expanding the education for current instructors.

SUCCESSION PLANNING

The current instructor pool is limited to other high-profile individuals; thus a larger pool of ID instructors is not currently needed to support the program or the anticipated needs of the region. Upon identifying additional instructors, courses will be offered to support the expansion of the pool of instructors. As it stands now, all current ID Instructors are qualified to and can fulfill the Program Advisor role immediately. An overall low volume of need and the ability to offer impromptu classes limits the need to expand the current instructor pool.

PROGRAM BUDGET

1. BUDGET PERFORMANCE (2024-25 SEASON)

Please provide the \$ amount of your approved budget for the prior fiscal year. Please note if this budget included any unusual and/or one-time expenditures. For travel expenses, please specify trips/nights/people/rates, etc., as appropriate. You may show trip details at the end of the document if you wish.

	APPROVED SEASON BUDGET	SPENT TO DATE	ANTICIPATED REMAINING TO SPEND	VARIANCE (OVER/ UNDER)
Mileage				
Meals				
Lodging (# trips/rooms/nights/rates)				
Printing				
Postage				
Equipment				
Supplies				
Textbooks/Instructional Aids				
Awards specific to program (e.g., Instr. Service Awards)				
Other (unusual or one time, explain in "Prog. Goals")				
Revenue (Expense Offset)				
Total	0	0	0	0
Notes: Please explain variances (i.e., over/underspending your approved budget by >10%). OVERSPENDING OF BUDGET ALLOWED ONLY WITH PRIOR APPROVAL OF REGION DIRECTOR.				

2. BUDGET REQUEST (2025-26 SEASON)

Please provide a brief comment on any increase or decrease, such as unusual or one-time expenditures. Explain basis for travel expense request.	REQUESTED	APPROVED
Mileage: (use Mileage Reimbursement Worksheet on following page to calculate expense) ¹		
Meals		
Lodging (# trips/rooms/nights/rates)		
Printing		
Postage		
Equipment		
Supplies		
Textbooks/Instructional Aids		
Awards specific to program (e.g., Instructor Service Awards)		
Other (unusual or one time, explain in "Program Goals")		
Revenue (Expense Offset)		
Total	0	0
Notes:		

¹ If multiple trips, list mileage separately, either in Notes section (above) or as separate lines in Budget Request form.

3. Mileage Reimbursement Worksheet

Trip from/to	Miles Round Trip	Miles over 100	# trips	Total miles	Amount to be reimbursed
<i>Example: Hartford → Bromley (Sr. OET Clinic)</i>	<i>252</i>	<i>152</i>	<i>2</i>	<i>304</i>	<i>\$106.40</i>
Total the far-right column and enter this amount in "2. Budget Request" (prior page) →					