**OHIO SWIMMING, INC.**

**REPORT ON APPRENTICE OBSERVATION**

NAME OF MEET: DATE:

PERSON OBSERVED: COMMISSION:

POSITION WORKED:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor |  | Avg |  | Excellent |
| Knows rules | 1 | 2 | 3 | 4 | 5 |
| Athlete observation | 1 | 2 | 3 | 4 | 5 |
| Knows disqualification procedures | 1 | 2 | 3 | 4 | 5 |
| Attitude | 1 | 2 | 3 | 4 | 5 |
| Uniform | 1 | 2 | 3 | 4 | 5 |
| Dedication/Commitment to becoming a Good Official in this position | 1 | 2 | 3 | 4 | 5 |

COMMENTS ON PERFORMANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RECOMMENDATION:

[ ] Needs additional work beyond the minimum required sessions in this position before being considered for certification.

[ ] This was a favorable observation. Upon completion of the minimum required sessions should be considered for certification.

NAME OF OBSERVER:

ADDRESS:

TELEPHONE:

COMMISSION:

RETURN TO:

|  |  |
| --- | --- |
| Central:Ann Schuh582 Ceresia CourtPickerington, OH 43147schuh\_a@yahoo.com | Northwest:Joe Sobczak1092 WestridgeWaterville, OH 43566sobczakjoe@gmail.com |