

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: _____

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 Schuh
582 Ceresia Court
Pickerington, OH 43147
schuh_a@yahoo.com

Northwest:
Joe Sobczak
1092 Westridge
Waterville, OH 43566
sobczakjoe@gmail.com