



STARTER - OBSERVATION CARD 10-20-13

TRAINEE NAME: _____ CLUB: _____ DATE: _____

MEET: _____ MEET SESSION # _____

TRAINING SESSION #: _____ TRANSFERRING OFFICIAL EVALUATION: _____

(Yes or No)

Rating System: P= Proficient, N= Needs More Training and Experience, X=Not observed or not applicable

Skill	Rating	Comments
Deck position		
Calm, conversational "Take your mark"		
Control of swimmers		
Patience, poise, confidence		
Can identify a false start and follow protocols for dual confirmation		
Understands and uses other commands appropriately (e.g., Stand, please; thank you ladies)		
Professional manner		
Teamwork with referee and other officials		
In position prior to each heat; comfortable holding mic and cord		
Ability to handle fly-over and/or chase starts		
Can take an accurate order of finish		
Checks equipment pre-meet and pre-session		
Understands guidelines for officiating swimmers with disabilities		
Conducts timers meeting effectively		

Recommend for position? **Y or N** If no, what specific issues need to be developed/improved?

TRAINER NAME: _____ CLUB: _____ CERT LEVEL: _____
(Print)

TRAINER SIGNATURE: _____ TRAINER EMAIL or PHONE: _____

MEET REFEREE NAME: _____ SESSION START/FINISH TIME: _____/_____
(Print)

MEET REFEREE SIGNATURE: _____

(5 sessions at 3 meets with 2 trainers who have at least 12 months certification as Starter)