



# REFEREE - 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

<b>Skill</b>	<b>Rating</b>	<b>Comments</b>
Whistle starting protocol		
Deck position		
Professional manner		
Teamwork with starter and other officials		
Deck awareness, eyes on the pool		
<b>Timeline</b> management		
Ability to control <b>fly-over</b> and/or chase starts		
Understands <b>rules</b> and rules interpretations		
Understands and uses proper radio protocol		
Understands <b>timing adjustments</b> and supervises table operations		
<b>Officials meeting</b> (assignments, jurisdictions, stroke briefing)		
Understands guidelines for officiating <b>swimmers with disabilities</b>		
Properly communicates and reviews disqualifications and NSs		
Documentation (meet certification, on-deck training)		
Proper communication (with coaches, swimmers, officials)		

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: \_\_\_\_\_

**(6 sessions at 3 meets with 2 trainers who have at least 12 months certification as Referee)**