Apprentice Checklist - Starter

Thank you for taking the time to become a certified Starter. This document is intended to give mentors and mentees a few guidelines to ensure that mentees get exposure to as many situations as possible to feel confident in their roles once certified.

In order to obtain certification, **5 mentoring sessions are required**, each session needs to be at least 2 hours long. If sessions are shorter than 2 hours, two shorter sessions can be added up and count for one session. One of the required apprentice sessions needs to include long distance free style events, which are those 500 Y SC or longer. At a minimum, mentoring sessions must be completed with 2 different mentors and at 2 different meets. In addition to the session requirements, starter apprentices needs to have had the opportunity to conduct at least 100 starts during their apprenticeship.

Starter apprentices should obtain mentoring and training with starts right from the first apprentice session. Starter apprentices should start with older age groups and work their way to younger age groups and gain experience with all age groups.

Important:

* **Mentors** can be officials who worked **at least** 6 sessions as certified Starters.
* Please remember that you can complete a maximum of one on deck session PRIOR to completing the online test.
* Once you completed this form, please submit a copy of all sides to: [officialschair@wisconsinswimming.org](mailto:officialschair@wisconsinswimming.org)

After the final session:

Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ During your observation, has the starter apprentice executed the functions associated with the position of a starter sufficiently to be recommended to become a certified Starter?

Yes No General comments (use additional page if necessary):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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I acknowledge that I have received this evaluation and it has been discussed with me. Starter’s Signature: Starter mentee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please scan and email completed form to the Officials Chair at [officialschair@wisconsinswimming.org](mailto:officialschair@wisconsinswimming.org) and the apprentice coordinator at

\_\_\_\_Chadd Chatteron, \_\_\_ chaddrc11@gmail.com\_\_\_ .

**Apprentice Record:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Meet/Location | Date/  Duration of session | Appr. no of starts performed | Certified Starter mentor  (Name printed and signature) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. (optional) |  |  |  |
| 7. (optional) |  |  |  |

**This section of the form serves as a tracking form for mentees.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Observed** | **Session 1** | **Session 2** | **Session 3** | **Session 4** | **Session 5** | **Session 6**  (if needed) | **Session 7**  (if needed) |
| Pre-session |  |  |  |  |  |  |  |
| 1. On time, ready to perform assigned duties. |  |  |  |  |  |  |  |
| 2. Pre-session routine |  |  |  |  |  |  |  |
| Check starting blocks and backstroke ledges |  |  |  |  |  |  |  |
| Check starting device |  |  |  |  |  |  |  |
| Check Volume control |  |  |  |  |  |  |  |
| Determine Positioning (with referee) |  |  |  |  |  |  |  |
| Discuss FS procedure with referee |  |  |  |  |  |  |  |
| Perform Test start |  |  |  |  |  |  |  |
| Inquire about swimmers with disabilities and poss. accommodations |  |  |  |  |  |  |  |
| Conduct timers’ briefing |  |  |  |  |  |  |  |
| During session |  |  |  |  |  |  |  |
| 1. Appropriately accepts control from Referee |  |  |  |  |  |  |  |
| 2. Is aware of missing swimmers behind blocks |  |  |  |  |  |  |  |
| 3. Keeps own record of empty lanes |  |  |  |  |  |  |  |
| 4. Starting process |  |  |  |  |  |  |  |
| Calm and patient |  |  |  |  |  |  |  |
| Recognizes when swimmers are ready/proper timing |  |  |  |  |  |  |  |
| Intonation and pronunciation of TYM |  |  |  |  |  |  |  |
| Correction of swimmers (feet, etc.) |  |  |  |  |  |  |  |
| Notices if swimmers react to starter commands and acts accordingly |  |  |  |  |  |  |  |
| Understands and uses other commands (e.g. “stand, please”) appropriately |  |  |  |  |  |  |  |
| Has developed her/his own process for each start |  |  |  |  |  |  |  |
| 5. False start procedure |  |  |  |  |  |  |  |
| Recognizes false starts |  |  |  |  |  |  |  |
| Observes FS protocol |  |  |  |  |  |  |  |
| Aware of recall protocol |  |  |  |  |  |  |  |
| 6. Ability to keep order of finish |  |  |  |  |  |  |  |
| 7. Distance events |  |  |  |  |  |  |  |
| Proper use of counting sheets |  |  |  |  |  |  |  |
| Execute bell during bell lap |  |  |  |  |  |  |  |
| 8. Awareness and knowledge of starting procedure of hearing impaired swimmers |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |
| 1. Willing to take suggestions and modifies performance |  |  |  |  |  |  |  |
| 2. Adjusts to changing circumstances |  |  |  |  |  |  |  |
| 3. Understands backstroke ledge starting protocol |  |  |  |  |  |  |  |
| Strokes and events |  |  |  |  |  |  |  |
| Free |  |  |  |  |  |  |  |
| Breast |  |  |  |  |  |  |  |
| Back |  |  |  |  |  |  |  |
| Fly |  |  |  |  |  |  |  |
| Distance (500 y and longer) |  |  |  |  |  |  |  |
| Age Groups |  |  |  |  |  |  |  |
| 10 and under |  |  |  |  |  |  |  |
| 11 and over |  |  |  |  |  |  |  |

Thank you for supporting Wisconsin Swimming!!