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Starter & Referee Officials Clinic

Evaluation Form

Clinic Date:

City:

Instructor(s):

**How prepared do you feel to apprentice on deck as a...?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Definitely not ready yet | Uncomfortable but ready | Mostly ready | Confident and ready to go |
| Starter | **☐** | **☐** | **☐** | **☐** |
| Referee | **☐** | **☐** | **☐** | **☐** |

**How well do you feel that you understand the USA Swimming rules and typical procedures for...?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Still learning the basics  | Understand the basics, need to learn the details | Just need practice and feedback | Could do this solo right now |
| Pre-session preparation | **☐** | **☐** | **☐** | **☐** |
| The starting process | **☐** | **☐** | **☐** | **☐** |
| Identifying and verifying false starts | **☐** | **☐** | **☐** | **☐** |
| Identifying stroke violations you see | **☐** | **☐** | **☐** | **☐** |
| Processing disqualifications observed by others | **☐** | **☐** | **☐** | **☐** |
| Managing the flow of the session | **☐** | **☐** | **☐** | **☐** |
| Starter and referee roles for order of finish, relay takeoffs, and distance events | **☐** | **☐** | **☐** | **☐** |
| Paperwork and radio protocols (when applicable) | **☐** | **☐** | **☐** | **☐** |

**Please give us an example or two of any key questions you still have (so we know to address that item better in future clinics).**

**How prepared or informed do you feel about...?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Have some bigger questions or things to learn yet | Feel pretty well ready or informed | Feel completely ready or informed |
| What you need to do before the session starts | **☐** | **☐** | **☐** |
| What you need to do during a session (for a local meet) | **☐** | **☐** | **☐** |
| How more complex meets affect starter and referee responsibilities  | **☐** | **☐** | **☐** |
| Your role in ensuring safe sport expectations are met | **☐** | **☐** | **☐** |
| Next steps for becoming a fully certified starter/referee | **☐** | **☐** | **☐** |

**What did this clinic do well?**

**What could we improve?**

**Where did you learn about this clinic?**

**How long have you been a stroke & turn official?**

**☐** 1-2 years **☐** 3-5 years **☐** 6+ years

**Do you have any other comments, questions, or suggestions?**