

OBSERVATION OF APPRENTICE DECK REFEREE

NAME OF MEET: _____ DATE: _____

PERSON OBSERVED: _____ VENUE: _____

NAME OF OBSERVER: _____ HOURS: _____

INSTRUCTIONS

For the referee candidate: Please arrange with the meet referee in advance to be evaluated. For your final evaluation you will also need to arrange to have it performed by an Officials Committee member or other authorized evaluator. Provide your evaluator with this form and collect it after the meet. Ask your evaluator any questions you may have. Accept any constructive criticism in the spirit it is intended. This is a learning process. There is no failing grade. You will need to receive a "1" recommendation on your final evaluation. Over the course of your apprenticeship you must be evaluated by (at least) two different evaluators and at (at least) two different venues. Once you have received all of your evaluations forward copies of the forms to Ed Miller.

For the evaluator: Please fill out this form and share your observations with the candidate. Provide a written comment for any "3" level marks. Any criterion for which NA is not an option must be part of the evaluation.

Interpretation of ratings: 1 At the level of a certified meet referee 2 At the level of a successful candidate (on track for certification)
3 In need of additional work NA Situation not faced by the candidate

EVALUATION CRITERIA

1 2 3 NA **Pre-Meet**

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review meet info |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discuss any issues with Meet Referee/disabled swimmers, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Comments (required for any "3" rating):

1 2 3 NA **Meet**

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Open/closed pool for warm-ups |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Start session on time and follow timeline |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Provided appropriate supervision to all officials |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Kept deck clear of unauthorized people during meet |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Gave swimmers who missed heat opportunity to swim with an accepted excuse |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Kept Hy-Tek and console operator up to date on re-seeds, declared false starts, no shows, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Handling of DQ's |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Responded to coaches' questions/comments appropriately during the meet |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handled disabled swimmers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Used proper whistles and arm movements |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arrived early and checked pool was properly set up for competition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Met with Meet Director to identify any issues/problems/disabled swimmers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check for any precedents set in previous sessions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Met and briefed starter |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Established method/process for false starts |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discussed timer briefing (e.g. overhead starts or not) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform stroke briefing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide deck protocol and jurisdiction |

Comments (required for any "3" rating):

1 2 3 NA **Miscellaneous**

Helped mentor officials

Adjusted well to unexpected circumstances and accepted suggestions well

Thanked other officials for their work

Comments (required for any "3" rating):

RECOMMENDATION

1. Ready to be considered for certification

2. Successful performance, on track for certification

3. Needs additional work before being considered for certification

Comments (required for any "3" rating):

SIGNATURE OF OBSERVER: _____

E-MAIL: _____