



## DECK REFEREE - APPRENTICESHIP FORM

APPRENTICE NAME: \_\_\_\_\_ TEAM: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CLINIC DATE: \_\_\_\_\_ CLINIC INSTRUCTOR: \_\_\_\_\_

**Rating System:**

**P**= Proficient to perform unsupervised

**I**= Improved during session but still needs more training/experience

**N**= Needs More Training/Experience

**X**=Failed to satisfactorily perform the necessary function

**N/A**=Not observed or not applicable to this meet

	Reviews meet procedure with MR and other DRs before start of session	Worked well with starter (starting position & FS procedure)	Understands the timing of the long and short whistles	Immediately turned pool over to starter as soon as last swimmer on blocks (no delay)	Backstroke-2 <sup>nd</sup> long whistle when last head up (no delay)	Observes swimmers to heads up and remained focused on swimmers.	Demonstrated proper radio protocol	Process DQs properly and quickly (notes initial call on heat sheet; clarifies DQ questions)	Worked well with coaches including conflict resolution	Understands swim-off procedure	
<b>Session 1</b> Meet: _____  Date: _____											Mentor: _____  Meet Ref: _____
<b>Session 2</b> Meet: _____  Date: _____											Mentor: _____  Meet Ref: _____
<b>Session 3</b> Meet: _____  Date: _____											Mentor: _____  Meet Ref: _____
<b>Session 4</b> Meet: _____  Date: _____											Mentor: _____  Meet Ref: _____
<b>Session 5</b> Meet: _____  Date: _____											Mentor: _____  Meet Ref: _____
<b>Session 6</b> Meet: _____  Date: _____											Mentor: _____  Meet Ref: _____

**COMMENTS:** Please add additional comments on back

- After all 6 sessions are completed, the apprentice shall email the completed Apprenticeship Form (front & back) to current officials chair. Email can be found on the Officials tab of kylsc.org.