



STROKE & TURN - 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

| | Attend officials briefing | Appropriately dressed in official's uniform | Understands assigned jurisdiction | Gives equal lane observation (including empty lanes) | Promptly raises hand for DQ (keep raised until acknowledged by C-J) | Reported event, heat, lane | Reported to C-J what was observed, what was the jurisdiction, the rule violated | Used correct "DQ" language from the DQ sheet (w/o hand gestures) | Relay take off (observe feet then hands, correctly filled out sheet) | Understands the technical rules | Understands "Benefit of Doubt", "Good Judgment", "Common Sense" | Mentor's Comments |
|--|---------------------------|---|-----------------------------------|--|---|----------------------------|---|--|--|---------------------------------|---|-------------------|
| Session 1 Meet: _____ Date: _____ Mentor: _____ Meet Ref: _____ | | | | | | | | | | | | |
| Session 2 Meet: _____ Date: _____ Mentor: _____ Meet Ref: _____ | | | | | | | | | | | | |
| Session 3 Meet: _____ Date: _____ Mentor: _____ Meet Ref: _____ | | | | | | | | | | | | |
| Session 4 Meet: _____ Date: _____ Mentor: _____ Meet Ref: _____ | | | | | | | | | | | | |

(If additional sessions are required, attach another page.)

- After all 4 sessions are completed, the apprentice shall email the completed Apprenticeship Form to current officials chair. Email can be found on the Officials tab of kylsc.org.