



REFEREE - ON DECK TRAINING CARD

TRAINEE NAME: \_\_\_\_\_ TEAM: \_\_\_\_\_ DATE: \_\_\_\_\_

MEET: \_\_\_\_\_

SESSION #: \_\_\_\_\_ TRANSFERRING OFFICIAL EVALUATION: \_\_\_\_\_

(Yes or No)

Rating System: P= Proficient, N= Needs More Training, X=Not observed or not applicable

| Skill   | Rating | Comments |
|---|--------|----------|
| Whistle starting protocol   |        |          |
| Deck position   |        |          |
| Professional Manner   |        |          |
| Deck awareness  |        |          |
| Timing adjustments  |        |          |
| Officials meeting (assignments, jurisdiction, stroke briefing)    |        |          |
| Understands guidelines for officiating swimmers with a disability |        |          |
| Properly communicating and reviewing disqualifications            |        |          |
| Documentation (meet certification, on-deck training)              |        |          |
| Proper communication (with coaches, swimmers, officials)          |        |          |

Recommend for position? Y or N If no, what specific issues need to be developed/improved?

TRAINER NAME: \_\_\_\_\_ (Print) TEAM: \_\_\_\_\_ CERT LEVEL: \_\_\_\_\_

TRAINER SIGNATURE: \_\_\_\_\_

MEET REFEREE NAME: \_\_\_\_\_ (Print) SESSION START/FINISH TIME: \_\_\_\_\_/\_\_\_\_\_

MEET REFEREE SIGNATURE: \_\_\_\_\_

6 sessions at 3 meets with 2 trainers who have at least 12 months certification as Referee.