



ILLINOIS SWIMMING

STARTER - 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
Deck Position		
Voice inflection and tonal quality		
Control of swimmers		
Professional manner		
Understands guidelines for officiating swimmers with a disability		
Conduct timers meeting		
Interaction/teamwork with Referee		

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

TRAINER NAME: _____ TEAM: _____ CERT LEVEL: _____
(Print)

TRAINER SIGNATURE: _____

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

MEET REFEREE SIGNATURE: _____