



ILLINOIS SWIMMING

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: _____