WISCONSIN SWIMMING

_____(Name, print)

Apprentice Checklist - Starter

Thank you for taking the time to become a certified Starter. This document is intended to give mentors and mentees a few guidelines to ensure that mentees get exposure to as many situations as possible to feel confident in their roles once certified.

IMPORTANT:

1. Official has been a Stroke and Turn Official for at least three (3) months and has worked at least four (4) sessions at a minimum of two (2) meets since Stroke and Turn certification.
2. Only sessions entered into OTS count. Meet referees are required to enter official's sessions into OTS.
3. Only sessions at sanctioned or approved meets count.
4. Sessions must include technical stroke (backstroke, butterfly, breaststroke or IM) and/or relays. No time trials, no freestyle only sessions
5. **Mentors** should be officials who worked **at least** 1 year as Starter and can only have 1 mentee per session.
6. Apprentices should obtain hands-on mentoring and training right from the first apprentice session.
7. In order to obtain certification, **4 mentoring sessions are required**, At a minimum, mentoring sessions must be completed with at least 2 different mentors and at 2 different meets. All requirements need to be met within 1 year of taking the Starter training.
8. Once you completed this form, please submit a copy of all sides to: officialstraining@wisconsinswimming.org

Apprentice Record:

Name of Meet/Location	Date/ Duration of session	Appr. no of starts performed	Certified Starter mentor (with at least 1 yr Starter certification) (Name printed and signature)
1.			
2.			
3.			

-Please turn-

4.			
5. (optional)			
6. (optional)			

This section of the form serves as a tracking form for mentees.

Observed	**Session 1**	**Session 2**	**Session 3**	**Session 4**	**Session 5** (if needed)	**Session 6** (if needed)
Pre-session						
1. On time, ready to perform assigned duties.						
2. Knows rules of starting						
3. Pre-session routine						
• Check starting blocks and backstroke ledges						
• Check starting device						
• Check Volume control						
• Determine Positioning (with referee)						
• Discuss FS procedure with referee						
• Perform Test start						
• Inquire about swimmers with disabilities and poss. accommodations						
• Conduct timers' briefing						
During session						
1. Appropriately accepts control from Referee						
2. Is aware of missing swimmers behind blocks						
3. Keeps own record of empty lanes						
4. Starting process						
• Calm and patient						
• Recognizes when swimmers are ready/proper timing						
• Intonation and pronunciation of TYM						
• Correction of swimmers (feet, etc.)						
• Notices if swimmers react to starter commands and acts accordingly						
• Understands and uses other commands (e.g. "stand, please") appropriately						

• Has developed her/his own process for each start						
5. False start procedure						
• Recognizes false starts						
• Observes FS protocol						
• Aware of recall protocol						
6. Ability to keep order of finish						
7. Distance events						
• Proper use of counting sheets						
• Execute bell during bell lap						
8. Awareness and knowledge of starting procedure of swimmers with hearing impairment						
9. Awareness and knowledge of starting procedure of swimmers with disabilities						
Other						
1. Willing to take suggestions and modifies performance						
2. Adjusts to changing circumstances						
3. Understands backstroke ledge starting protocol						
Strokes and events						
Free						
Breast						
Back						
Fly						
Distance (500 y and longer)						
Age Groups						
10 and under						
11 and over						

After the final session:
Mentor: _____ Meet: _____
_____ Location: _____ Session: _____
Date: _____ During your observation, has the starter apprentice executed the functions associated with the position of a starter sufficiently to be recommended to become a certified Starter?
Yes No General comments (use additional page if necessary):
_____
_____

I acknowledge that I have received this evaluation and it has been discussed with me. Starter's Signature:
Starter mentee: _____ Date: _____
Please scan and email completed form to the certifier at officialstraining@wisconsinswimming.org

Thank you for supporting Wisconsin Swimming!!