

IOWA SWIMMING, INC. MEET EVALUATION FORM

Meet Name: _____ Date: _____

Use the back of this sheet if you wish to make additional comments or to make comments on categories that are not on this sheet. The Meet Host will leave the back of this form blank for comments.

Please indicate Yes (Y) or No (N) or Not Applicable (N/A) before each statement and send this form to the ISI - Elaine Sortor, 2715 Pioneer Ct, Davenport, IA 52804-1099.

I. PRE MEET

- | | | | |
|---|---|-----|--|
| Y | N | N/A | A. Entry forms were clear and easily followed. |
| Y | N | N/A | B. Entry problems were handled politely and promptly. |
| Y | N | N/A | C. Late entry procedures were handled politely and efficiently. |
| Y | N | N/A | D. Programs readily and plentifully available. |
| Y | N | N/A | E. Classification changes anticipated well or handled effectively. |
| Y | N | N/A | F. Protests involving improper entries or improper classification were handled well. |
| Y | N | N/A | G. Other protests handled effectively. |
| Y | N | N/A | H. Meet Evaluation Forms/Protest Sheets readily available. |

II. CONDUCT OF MEET

- | | | | |
|---|---|-----|---|
| Y | N | N/A | A. Meet started on time. |
| Y | N | N/A | B. Meet run efficiently. |
| Y | N | N/A | C. Clerk of course or event board run effectively. |
| | | | D. Scorer: |
| Y | N | N/A | 1. Any questions as to time or place handled politely and promptly. |
| Y | N | N/A | 2. Results contained complete names. |
| Y | N | N/A | 3. Results posted clearly, in a timely fashion, and in an accessible area. |
| Y | N | N/A | 4. Posted results contained all place winners, including changes of classification. |
| | | | E. Stroke and Turn Judges: |
| Y | N | N/A | 1. Sufficient personnel to cover pool. |
| Y | N | N/A | 2. Personnel appear knowledgeable. |
| Y | N | N/A | 3. Personnel businesslike and properly placed. |
| Y | N | N/A | 4. Personnel helpful and polite. |
| Y | N | N/A | 5. Swimmers and/or coach properly informed of rules, infractions. |
| | | | F. Starter and Referee: |
| Y | N | N/A | 1. Clean, well-paced starts. |
| Y | N | N/A | 2. Good false start position by both officials for dual confirmation. |
| Y | N | N/A | 3. Good control of meet. |
| Y | N | N/A | 4. Knowledgeable and able to handle any problems. |
| Y | N | N/A | G. Meet committee identified and available should need arise. |
| Y | N | N/A | H. Awards appropriate and well passed out. |

III. FACILITIES:

- | | | | |
|---|---|-----|--|
| Y | N | N/A | A. Pool clean and properly equipped. |
| Y | N | N/A | B. Rest rooms clean and well stocked. |
| Y | N | N/A | C. Adequate spectator space, comfortable, and other space available. |
| Y | N | N/A | D. Clerk of course provided adequate space and protection from elements. |
| Y | N | N/A | E. Adequate ready-area to "house" swimmers provided by host team. |
| Y | N | N/A | F. Adequate food, cafeteria facilities. |

IV. PROGRAM EVALUATION:

- | | | | |
|---|---|-----|----------------------------------|
| Y | N | N/A | A. Good order of events. |
| Y | N | N/A | B. Adequate selection of events. |
| Y | N | N/A | C. Good format of events. |

V. PRE-SANCTION CONSIDERATIONS:

- | | | | |
|---|---|-----|--|
| Y | N | N/A | A. Good geographical location of meet. |
| Y | N | N/A | B. Good chronological location-time in relation to total season. |

Signature (optional): _____