



Deck Referee On Deck Training Card

TRAINEE NAME: _____ CLUB: _____ DATE: _____

MEET: _____ MEET SESSION: _____ TRAINING SESSION: _____

Rating System: P (Proficient to perform unsupervised); I (Improved but needs more training and experience); N (Not satisfactory for certification); N/A (Not observed at this meet).

SKILL OBSERVED	RATING	COMMENTS
Whistle/starting protocol – fly over or chase starts		
Professional manner, including communication and teamwork		
Deck position, awareness and “eyes on the pool”		
Timeline management		
Understands and uses proper radio protocol		
Can identify a false start and follow protocols for dual confirmation		
Understands timing adjustments and table management		
Officials Meeting (assignments, protocol, stroke brief)		
Understands officiating athletes with disabilities		
Properly reviews and communicated DQs		
Understands rules and USA Swimming interpretations		
Documentation (use of forms/meet certification)		
Understands role as leader and mentor		

Should this session count toward the training requirement? YES or NO (circle one)

What can you tell the committee about this session and the work done, and what should the trainee work on going forward in their training?

TRAINER: _____ CLUB: _____ EMAIL: _____

MR **SIGNATURE**: _____ CLUB: _____ EMAIL: _____

TRAINING MUST BE OVER 4 SESSIONS AT 2 MEETS WITH 2 TRAINERS. SESSIONS SHALL INCLUDE STROKES AND/OR RELAYS. TIME TRIALS & FREESTYLE ONLY SESSIONS SHALL NOT COUNT TOWARD TRAINING SESSIONS; SESSIONS SHALL BE RECORDED IN OTS.