



Starter 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
Deck position		
Professional Manner		
Calm, conversational “take your mark”		
Ability to “read” (take cues from athletes		
Patience, poise, confidence		
Can identify a false start and follow protocols for dual confirmation		
Understands and uses other commands (e.g. “stand, please”) appropriately		
In position on time, comfortable with the mic and cord		
Ability to handle fly-over/chase starts		
Can take accurate order of finish		
Pre-session checks adequate		
Understands guidelines for starting athletes with disabilities		
Conducts effective timers meeting		
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.

Updated February 2024