



ADMIN OFFICIAL and ADMIN REFEREE - APPRENTICESHIP FORM

APPRENTICE NAME: _____ TEAM: _____

EMAIL: _____ CLINIC DATE: _____ CLINIC INSTRUCTOR: _____

Rating System:

P= Proficient to perform unsupervised

I= Improved during session but still needs more training/experience

N= Needs More Training/Experience
X= Failed to satisfactorily perform the necessary function

N/A= Not observed or not applicable to this meet

	Demonstrates proficiency in all TJ requirements	This was a pre-elim/final meet	Understands positive check-in procedures	Understands post/pull of pre-elim results and seeding for finals	Can download events to console/names for scoreboard	Can set-up Time Trials and Swim-offs w/Judge's Decision	Manually calculates land and heat malfunctions	Demonstrates ability to score a meet and print award labels	Can merge results and/or export results for TM	Professional manner	
Session 1 Meet: _____ Date: _____											Mentor: _____ Meet Ref: _____
Session 2 Meet: _____ Date: _____											Mentor: _____ Meet Ref: _____
Session 3 Meet: _____ Date: _____											Mentor: _____ Meet Ref: _____
Session 4 Meet: _____ Date: _____											Mentor: _____ Meet Ref: _____
Session 5 Meet: _____ Date: _____											Mentor: _____ Meet Ref: _____
Session 6 Meet: _____ Date: _____											Mentor: _____ Meet Ref: _____

COMMENTS: Please add additional comments on back

- After all 6 sessions are completed, the apprentice shall email the completed Apprenticeship Form (front & back) to current officials chair. Email can be found on the Officials tab of kylsc.org.