



STARTER - 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

	Knows the rules for starting	Knows basic starting protocols & procedures (distance counting, OOF, etc.)	Understands how the starting system operates	Good starting position for forward & back starts	Prepared & in position prior to each heat; comfortable & relaxed with microphone	Delivers TYM calmly and necessary volume (conversational)	PATIENT before TYM & starting signal (allows time for swimmers to take mark)	Observes swimmers to heads up	Knows false start & recall protocol	Knows use of other commands	Knows how to start swimmers with disabilities	
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: _____

COMMENTS:

- After all 5 sessions are completed, the apprentice shall email the completed Apprenticeship Form to current officials chair. Email can be found on the Officials tab of kylsc.org.