



## CHIEF JUDGE - ON DECK APPRENTICESHIP RECORD

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

	Demonstrated proper stroke briefing having a clear understanding of the rules	Completes DQ slip accurately	Able to set a deck	Understands proper deck protocol	Able to work well with Stroke & Turn officials	Demonstrates proper radio protocol	Mentored Stroke & Turn	12&Under Meet	13&Over Meet	Timed Final	Prelim/Final	Demonstrates professional deck presence	Mentor's Comments
<b>Session 1-Print name</b> Meet: _____ Date: _____ Mentor: _____ Meet Ref: _____													
<b>Session 2-Print name</b> Meet: _____ Date: _____ Mentor: _____ Meet Ref: _____													
<b>Session 3-Print name</b> Meet: _____ Date: _____ Mentor: _____ Meet Ref: _____													
<b>Session 4-Print name</b> Meet: _____ Date: _____ Mentor: _____ Meet Ref: _____													

- After all 4 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.
- PLEASE NOTE: No more than two (2) Apprentice Sessions can be completed at any one (1) meet.