



REFEREE - APPRENTICESHIP FORM

APPRENTICE NAME: _____ TEAM: _____

EMAIL: _____ ONLINE CLINIC TEST DATE AND SCORE: _____

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

	Reviews meet procedure with MR and other DRs before start of session	Worked well with starter (starting position & FS procedure)	Understands the timing of the long and short whistles	Immediately turned pool over to starter as soon as last swimmer on blocks (no delay)	Backstroke-2 nd long whistle when last head up (no delay)	Observes swimmers to heads up and remained focused on swimmers.	Demonstrated proper radio protocol	Process DQs properly and quickly (notes initial call on heat sheet; clarifies DQ questions)	Worked well with coaches including conflict resolution	Understands swim-off procedure	
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: _____

COMMENTS: If needed, please add additional comments below and/or on back

- After 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.