

STARTER

Evaluation

OFFICIAL	EVALUATOR	QUALIFICATION
LAST NAME	1.	
FIRST NAME		
DATE	2.	
SESSION(S) <input type="checkbox"/> heats <input type="checkbox"/> finals	3.	

Competency: Check mark in the box indicates that the Candidate can perform the skill satisfactorily. If Evaluators feel additional practice is required to reach an adequate level on the National deck, the "Comments" section should be used to provide direction to the Candidate.
 Comments may also be used to indicate skill was performed with more than acceptable ability.
 Other options: **DNO** (did not observe during this evaluation) or **N/A** (not applicable at this competition)

SKILL COMPONENT:

Before the Competition, THE STARTER:	Competency	COMMENTS
Arrived on time (1½ - 2 hours before start time)	<input type="checkbox"/>	_____
Checked location of Starter equipment for best view of starts	<input type="checkbox"/>	_____
Tested Starting equipment on deck during warm-ups	<input type="checkbox"/>	_____
Checked false start rope and tested release mechanism	<input type="checkbox"/>	_____
Reviewed DQ procedure on Starts with the Referee	<input type="checkbox"/>	_____
Attended and contributed to briefings of Referees and Starters	<input type="checkbox"/>	_____

During the Competition, THE STARTER:	Competency	COMMENTS
Displayed proper posture on podium / deck	<input type="checkbox"/>	_____
Used a clear and calm voice for each start	<input type="checkbox"/>	_____
Ensured voice was loud enough to be heard by all swimmers	<input type="checkbox"/>	_____
Was in control of each start until a good start was achieved	<input type="checkbox"/>	_____
Established good cadence, timing and rhythm for each start.	<input type="checkbox"/>	_____
Was consistent in holding swimmers on the blocks	<input type="checkbox"/>	_____
Ensured that all starts were fair	<input type="checkbox"/>	_____
Ensured board was ready for next race before every start	<input type="checkbox"/>	_____
Ensured the board started after every start	<input type="checkbox"/>	_____
Regularly checked for any outside interference at the start e.g. camera flashes, whistles, noises in the stands)	<input type="checkbox"/>	_____
Displayed confidence as a Starter	<input type="checkbox"/>	_____
Did not rush the starts and worked well with referee	<input type="checkbox"/>	_____

After the Competition, THE STARTER:	Competency	COMMENTS
Gave a thorough debriefing to the meet coordinator	<input type="checkbox"/>	_____
Had notes to justify actions taken during the competition	<input type="checkbox"/>	_____

STARTER EVALUATION OF _____, *continued*

OVERALL OBSERVATIONS	Competency	COMMENTS
Thorough knowledge of the duties of Referee / Starter	<input type="checkbox"/>	_____
Consistent in procedures throughout the session	<input type="checkbox"/>	_____
Calm and deliberate at all times	<input type="checkbox"/>	_____
Focused on duties at all times, and not distracted	<input type="checkbox"/>	_____
Dealt with problems well	<input type="checkbox"/>	_____

General Overall Comments:

Areas where more practice and provincial and/or national exposure would be of benefit:

Candidate's Comments

I have read and discussed this assessment with a member of the assessor team.

Candidate's signature: _____

Date: _____

Give a copy to the candidate and return original to:	NS Chair of Officials, Lynn Sitland PO Box 137 Hebron, NS B0W 1X0 lsitland@live.com