Pacific Swimming Officials Trainee Performance Feedback

Note: This is not a certification or advancement request. It is strictly for the purpose of providing honest feedback to assist a trainee in identifying areas that need improvement that will ultimately lead to certification. This form is to be returned to the trainee only.

Trainee: please fill out the following and submit to Meet Referee:

_____	_____	_____
Last Name	First Name	Zone

This Evaluation is for the following position (check one):

☐ Stroke & Turn ☐ Starter ☐ Referee

Evaluating Officials: please provide written comment for each category below and discuss with the trainee regarding specific areas that need improvement:

Knowledge of the Rules

Positioning

Reliability

Attitude

Other comments

_____	_____	_____
Evaluator (Print)	Signature	Date