

ASSESSMENT TOOL – UNIT 8 JUDGE OF STROKE

Element / Performance Criteria JUDGE of STROKE	Displayed Competency		Comments <small>Must be completed if Competency has been marked NO</small>
	YES	NO	
1. Preparation			
1.1 Arrived at venue at least 30mins prior to the commencement of the event.			
1.2 Reported to the Referee to receive any instructions.			
1.3 Had all required equipment to complete the task.			
2. Performance of Task			
2.1 Was positioned correctly ready for the start of each race.			
2.2 Maintained a position when walking the side of the pool so that every swimmer under their jurisdiction could be seen in every heat.			
2.4 Maintained an appropriate position in relation to the other Judge of Stroke.			
2.5 Every designated lane was observed and judged equally.			
2.6 Focused entirely and exclusively on the task assigned without engaging in any distracting activities.			
3. Decision Making			
3.1 All recommendations regarding possible infractions were made independently and reported immediately to the Referee.			
3.2 All recommendations were consistent with every swimmer being treated equally.			
3.3 All recommendations were made clearly, concisely and in accordance with the rules.			
4. Infraction Reports			
4.1 All infraction reports were completed accurately and in accordance with the rules.			
4.2 All written infraction reports were completed expediently after the verbal report was given to the Referee.			
4.3 Infraction reports were printed legibly.			
5. General			
5.1 Was dressed appropriately for the task.			
5.2 Was courteous to all swimmers, coaches, parents and other officials at all times.			
5.3 Maintains a level of concentration, physical fitness and capability to perform the task.			
5.4 Possesses State-specific accreditation in relation to child protection legislation.			

Name of Candidate: _____

Swimming Club: _____

National Technical Official Accreditation Number: _____

State-Specific Working With Children Card No _____

State-Specific Working With Children Card Expiry Date: _____

Date of Assessment: _____

Name of Assessor: _____

ASSESSMENT DECISION:

Competent

Not Yet Competent

Assessor Signature: _____

Candidate Signature: _____

FUTURE TRAINING / ASSESSMENT RECOMMENDATIONS: