

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: