Rev. 1/10/08

MEET PRACTICUM COMPLETION FORM

First Year Officials Instructions: 1. Take this form to each meet to which you have been assigned or have made arrangements with an event chief to work. 2. Have the designated event chief evaluate your performance and sign the form on the appropriate line. 3. When you have completed the Practicum, return it to: Jim Hanley, Vice-Chair: Certification, 3346 So. Allegheny Ct., Westlake Village, CA 91362

Name of Official to be Rated _____ Chief and/or Rater's Instructions: 1. Prior to the start of the competition review procedures, special tasks, and other relevant informatiion. 2. The official is expected to work the entire period of the assignment unless indicated by the Vice-Chair of Training or Certification. 3. Please rate the official according to the following criteria and sign your name. RATING 5 - Excellent 4 - Above Average 3 - Average 2 - Below Average 1 - Unsatisfactory (Please attach reason)	Teamwork with other officials	Knowledgeinterpretation of the rules	Responsiveness to directions/supervision	Flexibility	Exercise of Appropriate Judgement	Attentiveness to Officiating Duties	Appropriateness of Appearance	Type of Meet: USATF, NCAA, HS, Maste
Assignment #1 - Serve as an Umpire Meet _____ Date _____ Chief/Rater's Signature _____ Cert. # _____								
Assignment #2 - Serve an assistant in Long Jump or Triple Jump Meet _____ Date _____ Chief/Rater's Signature _____ Cert. # _____								
Assignment #3 - Serve as an assistant in the High Jump or Long Jump Meet _____ Date _____ Chief/Rater's Signature _____ Cert. # _____								
Assignment #4 - Serve as an assistant in a Throwing Event Meet _____ Date _____ Chief/Rater's Signature _____ Cert. # _____								
Assignment #5 - Assist Marking and Judging in any Throwing Event Meet _____ Date _____ Chief/Rater's Signature _____ Cert. # _____								
Assignment #6 - Any duty determined by Commissioner Meet _____ Date _____ Chief/Rater's Signature _____ Cert. # _____								
Assignment #7 - Any duty determined by Commissioner Meet _____ Date _____ Chief/Rater's Signature _____ Cert. # _____								