



ASSESSMENT OF OFFICIALS

(to be completed at the discretion of a senior official/meet coordinator or for upgrading purposes)

Name: _____ Position : _____ Current Rank : _____

Assessor : _____ Level : _____

Meet Location : _____ Date : _____

Sanctions : OSSA SSC For upgrading : Yes No

Grading Scale: A – Exceeds requirements B – Meets requirements C – Needs Improvement

Please write additional comments in the space provided.

Advance preparation: Grade _____

Onsite Preparation: Grade _____

Knowledge of Rules and Procedures: Grade _____

Application of Rules and Procedures: Grade _____

Management of Personnel (if applicable):
Grade _____

Post-Competition Administration (if applicable):
Grade _____

Overall rating: Grade _____

Recommendation:

Signature: _____

Date: _____

Assessment discussed with candidate?

Yes No