

ASSESSMENT TOOL – UNIT 7 INSPECTOR OF TURNS

Element / Performance Criteria INSPECTOR of TURNS	Displayed Competency		Comments Must be completed if Competency has been marked NO
	YES	NO	
1. Preparation			
1.1 Arrived at venue at least 30 minutes prior to commencement of event.			
1.2 Reported to the Referee to receive any instructions.			
1.3 Had all the required equipment to complete the task.			
2. Performance of Task			
2.1 Was positioned correctly for every race.			
2.2 Maintained position over the designated lane/s for the entire time required.			
2.3 Stood in a position to see directly down the wall for the turns and finish.			
2.4 Stood in a position to observe the entire body of the swimmer while under the official's jurisdiction.			
2.5 Remained standing over their lane at the completion of a race if they had an infraction to report.			
2.6 The designated lane/s were observed and judged equally.			
2.7 Focused entirely and exclusively on the task assigned without engaging in any distracting activities.			
3. Decision Making			
3.1 All recommendations of possible infractions were made independently and reported immediately to the Chief Inspector of Turns/Referee.			
3.2 All recommendations were consistent with every swimmer treated equally.			
3.3 All recommendations were clear, concise and in accordance with the rules.			
4. Infraction Reports			
4.1 All infraction reports were completed accurately and according to the Rules.			
4.2 Verbal reports were given to the Referee prior to the completion of the relevant race.			
4.3 All written reports were completed correctly and in a timely manner.			
4.4 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 Possesses State-specific accreditation in relation to child protection Legislation.			
5.4 Maintains a level of concentration, physical fitness and capability to perform the task.			

Name of Candidate: _____

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: