



## North Carolina Swimming, Inc. OFFICIALS CLINIC EVALUATION

Clinic Date \_\_\_\_\_ Clinic Site \_\_\_\_\_

Clinic Type \_\_\_\_\_ Judge \_\_\_\_\_ Starter \_\_\_\_\_

### Your evaluation

	<i>Poor</i>					<i>Excellent</i>
<b>Facility</b>						
Classroom	1	2	3	4	5	
Pool	1	2	3	4	5	N/A
Refreshments/Food	1	2	3	4	5	N/A
Parking	1	2	3	4	5	
Audio Visual Equipment	1	2	3	4	5	
<b>Clinic Content</b>						
Instructor	1	2	3	4	5	
Classroom Materials	1	2	3	4	5	
Video	1	2	3	4	5	
Pool Demonstration	1	2	3	4	5	N/A
Length of Clinic	1	2	3	4	5	
<b>Overall Evaluation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	

I will join USA Swimming and begin my apprenticeship. Yes      No

### COMMENTS:

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The NCS Officials Committee thanks you for completing this evaluation. It will assist us in planning future clinics. Please return this to your instructor upon completion.