

Mentor Assessment - Field of Play Evaluation

Participant Name Mentor Name

MENTORS – All items on this Checklist must be completed during the timeline of the program. Some participants are in the program from 1-4 years. All items/objectives should be checked when the item is successfully completed. Not all items will be completed at any particular meet but over a series of meets. Checkoff the rating that you give to the JOP Participant, enter the date of completion and enter your initials as a verification that the objective was completed. If you have assigned a rating of Fair* - Please add your rationale to the *Area for Improvement space. *Please submit a copy of this Field of Play Evaluation/Assessment final form with the completion dates and your Mentor signature, to the Association Certification Chairperson or JOP Designee in your Association. Please make 3 copies - One (1) for your records, one (1) for the Association Chair/JOP Designee, and one (1) to give to the JOP Participant for their records. Hardcopies or electronic copies are acceptable. All Objectives must be met before submission.*

Objective:	Arrives on time for meetings and events.					
Performance Objective:	AEC1		Rati	ing: Excelle	ent Good Fair*	
*Area for improvement:						
•						
			Date completed:		Mentor initials:	
Objective:	Maintained a professional appe	arance.				
Performance Objective:	AEC2		Rati	ing: Excelle	ent Good Fair*	
*Area for improvement:						
			Date completed:		Mentor initials:	
Objective:	Knew and applied rules to the	event co	nsistently and fairly.			
Performance Objective:	AEC3		Rati	ing: \square Excelle	ent Good Fair*	
*Area for improvement:						
			Date completed:		Mentor initials:	
Objective:	/e: Treated all personnel with respect and professionalism.					
Performance Objective:	AEC4		Rati	ing: Excelle	ent Good Fair*	
*Area for improvement:						
			Date completed:		Mentor initials:	
Objective:	Communicated effectively with athletes and other officials.					
Performance Objective:	AEC5		Rati	ing: $ \Box_{Excelle}$	ent │□Good │□Fair*	
*Area for improvement:						
			Date completed:		Mentor initials:	
Objective:	Always stayed attentive to the o	competiti	ion and potential probl	ems.		
Performance Objective:	AEC6		Rati	ing: □Excelle	ent │□Good │□Fair*	
*Area for improvement:						
			Date completed:		Mentor initials:	
Objective:	Worked well with other officials	for succ				
Performance Objective:	AEC7		Rati	ing: \square Excelle	ent │□Good │□Fair*	
*Area for improvement:						
		ı				
			Date completed:		Mentor initials:	



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Performance Objective: AEC8 Rating:					
Date completed: Mentor initials: Performance Objective: Provided a venue that ensured safety of athletes, officials, volunteers and spectators. Performance Objective: AEC9 Rating: ☐Excellent ☐Good ☐Fair* *Area for improvement: Date completed: Mentor initials: Objective: Prepared the venue correctly and efficiently. Performance Objective: AEC10 Rating: ☐Excellent ☐Good ☐Fair* *Area for improvement: Date completed: Mentor initials: ☐Fair* *Area for improvement: ☐Good ☐Fair* *Area for improvement: ☐Good ☐Fair* Performance Objective: AEC11 ☐Good ☐Fair*					
Objective: Provided a venue that ensured safety of athletes, officials, volunteers and spectators. Performance Objective: AEC9 Rating: □ Excellent □ Good □ Fair* *Area for improvement: Date completed: Mentor initials:					
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*Area for improvement: Date completed: Mentor initials:					
Date completed: Mentor initials: Objective: Prepared the venue correctly and efficiently. Performance Objective: AEC10 Rating: Excellent Good Fair* *Area for improvement: Date completed: Mentor initials: Objective: Conducted complete, accurate briefings for athletes. Performance Objective: AEC11 Rating: Excellent Good Fair*					
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Performance Objective: AEC11 Rating: Description Rating: Ratin					
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*Area for improvement:					
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Date completed: Mentor initials:					
Objective: Worked effectively with volunteers.					
Performance Objective: AEC12 Rating: Lexcellent Legood Legistration					
*Area for improvement:					
Date completed: Mentor initials:					
Objective: Completed event forms properly and neatly.					
Performance Objective: AEC13 Rating: ☐ Excellent ☐ Good ☐ Fair*					
*Area for improvement:					
Date completed: Mentor initials:					
Objective: Demonstrated good decision-making and problem-solving skills.					
Performance Objective: AEC14 Rating: ☐ Excellent ☐ Good ☐ Fair*					
*Area for improvement:					
Date completed: Mentor initials:					
Objective: Accepted and responded to feedback and attended post-event reviews.					
Performance Objective: AEC15 Rating: Descellent Dood Desir*	\exists				
*Area for improvement:					
Date completed: Mentor initials:					
Objective: Example 2	\neg				
Performance Objective: PO6 Rating: Description	\dashv				
*Area for improvement:	-				
Date completed: Mentor initials:					
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Objective:	Not discriminate against any individual or group on the basis of race, color, religion, gender, national origin,					
	age, athletic ability or other protected characteristic.					
Performance Objective:	P07	Rating: LJExcelle	ent UGood UFair*			
*Area for improvement:						
		Date completed:	Mentor initials:			
Objective:	Not engage in harassment by making unwelcome advances, remarks, or display of materials where such					
	would create an intimidating, hostile, or offensive environment.					
Performance Objective:	PO9	Rating: LJExcelle	ent UGood UFair*			
*Area for improvement:						
		Date completed:	Mentor initials:			
Objective:	Not use tobacco products while in the field of competition, nor consume alcoholic products before or during a competition.					
Performance Objective:	PO17	Rating: ☐Excelle	ent Good Fair*			
*Area for improvement:		<u>, , , , , , , , , , , , , , , , , , , </u>				
		Date completed:	Mentor initials:			
Objective:	Be calm positive and polite R					
Objective.	Be calm, positive, and polite. Refrain from dialog with athletes and coaches regarding disputed calls or decisions, and instead refer them to the referee, protest table, or games committee for resolution. Report abusive behavior toward officials to meet management.					
Performance Objective:	PO18	Rating: DExcelle	ent Good DFair*			
*Area for improvement:		<u> </u>				
		Date completed:	Mentor initials:			
Objective:	Keep physically fit, and advise their association or coordinator of officials of physical limitations on their ability to perform any assigned duty.					
Performance Objective:	PO21	Rating: Excelle	ent Good Grair*			
*Area for improvement:		G , =======				
		Date completed:	Mentor initials:			
Objective:	Presentation of JOP Log of meet experiences containing the number of					
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Dortormonoo ()biootii/o:	Hours based on age group.	В :: 1 П				
Performance Objective:	PROGRAM REQUIREMENT	Rating: Excelle	ent Good DFair*			
Area for improvement:	<u> </u>	Rating: Excelle	ent Good Fair			
•	<u> </u>	Rating: Date completed:	ent Good Fair* Mentor initials:			
	PROGRAM REQUIREMENT Presentation of Journal or "Briefe		Mentor initials:			
*Area for improvement: Objective:	PROGRAM REQUIREMENT Presentation of Journal or "Briefover the length of the program."	Date completed: case of acquired materials indicating the parti	Mentor initials: cipants knowledge of growth			
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