



TRIPLE JUMP

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	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Maintained a professional appearance.		
Performance Objective:	AEC2	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Knew and applied rules to the event consistently and fairly.		
Performance Objective:	AEC3	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Treated all personnel with respect and professionalism.		
Performance Objective:	AEC4	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Communicated effectively with athletes and other officials.		
Performance Objective:	AEC5	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Always stayed attentive to the competition and potential problems.		
Performance Objective:	AEC6	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Worked well with other officials for success of the crew.		
Performance Objective:	AEC7	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:



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Objective:	Willingly assisted as needed in other areas.		
Performance Objective:	AEC8	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Provided a venue that ensured safety of athletes, officials, volunteers and spectators.		
Performance Objective:	AEC9	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Prepared the venue correctly and efficiently.		
Performance Objective:	AEC10	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Conducted complete, accurate briefings for athletes.		
Performance Objective:	AEC11	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Worked effectively with volunteers.		
Performance Objective:	AEC12	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Completed event forms properly and neatly.		
Performance Objective:	AEC13	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Demonstrated good decision-making and problem-solving skills.		
Performance Objective:	AEC14	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Accepted and responded to feedback and attended post-event reviews.		
Performance Objective:	AEC15	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Example 2		
Performance Objective:	PO6	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*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:	PO7	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*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:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*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:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
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:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		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:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Presentation of JOP Log of meet experiences containing the number of Hours based on age group.		
Performance Objective:	PROGRAM REQUIREMENT	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:
Objective:	Presentation of Journal or "Briefcase of acquired materials indicating the participants knowledge of growth over the length of the program.		
Performance Objective:	PROGRAM REQUIREMENT	Rating:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair*
*Area for improvement:			
		Date completed:	Mentor initials:



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Comments:
