

Evaluation Form for Throws

Name: _____ Meet: _____ Date: _____

Observer: _____ Phone # _____

- Comment if appropriate and/or to be helpful

1 - Knowledge of Rules

(A) Knows rules for the Shot

Yes ___ No ___ Comment _____

(B) Knows rules for the Discus

Yes ___ No ___ Comment _____

(C) Knows rules for the Javelin

Yes ___ No ___ Comment _____

(D) Knows rules for the Hammer

Yes ___ No ___ Comment _____

2 - Personnel

(A) Cooperates with meet management (for Head)

Yes ___ No ___ Comment _____

(B) Cooperates with Head Field Judge or Field Referee

Yes ___ No ___ Comment _____

(C) Cooperates with Head Event Judge

Yes ___ No ___ Comment _____

(D) Cooperates with other event officials

Yes ___ No ___ Comment _____

3 - Techniques

(A) Has pens, forms, tapes, Etc. (If not provided)

Yes ___ No ___ Comment _____

(B) Checks the throws area for competition (Cage, Ring, Sector Lines, Landing Area)

Yes ___ No ___ Comment _____

(C) Stands as placed by the Head Event Judge

Yes ___ No ___ Comment _____

(D) Checks for legal implements

Yes ___ No ___ Comment _____

(E) Stays alert and attentive during warm-ups and competition

Yes ___ No ___ Comment _____

(F) Keeps area safe for competition

Yes ___ No ___ Comment _____

(G) Calls throwing order loud and clear (if assigned to)

Yes ___ No ___ Comment _____

(H) Locates landing mark accurately

Yes ___ No ___ Comment _____

(I) Calls Mark or Foul loud and clear

Yes ___ No ___ Comment _____

(J) Records attempts properly and neatly (if assigned to)

Yes ___ No ___ Comment _____

(K) Informs throwers time remaining to perform attempt

Yes ___ No ___ Comment _____

(L) Knows how to handle ties

Yes ___ No ___ Comment _____

5 - Additional Comments (If any)