



OREGON SWIMMING MEET EVALUATION FORM

Please complete and return to the Meet Director prior to the end of the meet, or mail to: Oregon Swimming, 1750 SW Skyline Blvd, Suite 103, Portland OR 97221. Thank you for your help evaluating this meet!

1. PRE-PLANNING	Low				High	Comment
Pre-meet information		[1]	[2]	[3]	[4]	_____
Packets		[1]	[2]	[3]	[4]	_____
2. FACILITY/GENERAL	Low				High	Comment
Parking		[1]	[2]	[3]	[4]	_____
Athlete Check-in		[1]	[2]	[3]	[4]	_____
Restrooms/Dressing Rooms		[1]	[2]	[3]	[4]	_____
Meeting Room, Officials/Coaches		[1]	[2]	[3]	[4]	_____
Athlete Rest Areas		[1]	[2]	[3]	[4]	_____
Warm-up/Warm-down facilities		[1]	[2]	[3]	[4]	_____
Public Address System		[1]	[2]	[3]	[4]	_____
Spectator Seating		[1]	[2]	[3]	[4]	_____
Participant Seating		[1]	[2]	[3]	[4]	_____
Concessions		[1]	[2]	[3]	[4]	_____
3. COMPETITION POOL	Low				High	Comment
Pace Clocks		[1]	[2]	[3]	[4]	_____
Lighting		[1]	[2]	[3]	[4]	_____
Scoreboard/Timing Equipment		[1]	[2]	[3]	[4]	_____
Lighting		[1]	[2]	[3]	[4]	_____
Ventilation		[1]	[2]	[3]	[4]	_____
Water Condition/Chemistry		[1]	[2]	[3]	[4]	_____
Starting System		[1]	[2]	[3]	[4]	_____
Pool Set-up [Deck space, etc.]		[1]	[2]	[3]	[4]	_____
4. OFFICIALS	Low				High	Comment
Meet Referee		[1]	[2]	[3]	[4]	_____
Assistant Referee[s]		[1]	[2]	[3]	[4]	_____
Starter[s]		[1]	[2]	[3]	[4]	_____
Chief Judge[s]		[1]	[2]	[3]	[4]	_____
Stroke & Turn Judging		[1]	[2]	[3]	[4]	_____
Relay Take-off Judging		[1]	[2]	[3]	[4]	_____
Clerk of Course		[1]	[2]	[3]	[4]	_____
Announcer[s]		[1]	[2]	[3]	[4]	_____

CONTINUED ON REVERSE SIDE

MEET EVALUATION FORM [Continued]

5. GENERAL APPRAISAL	Low				High	Comment
Meet Administration	[1]	[2]	[3]	[4]		_____
Program/Heat Sheet	[1]	[2]	[3]	[4]		_____
Hospitality	[1]	[2]	[3]	[4]		_____
Awards	[1]	[2]	[3]	[4]		_____
Safety Procedures	[1]	[2]	[3]	[4]		_____
Availability of Housing/Lodging	[1]	[2]	[3]	[4]		_____
Rate the overall success of the meet	[1]	[2]	[3]	[4]		_____

List things that were particularly good about the meet:

List things that could be improved to make the next meet better:

List general comments you would like to make about this meet:

Swim Meet Name: _____

Swim Meet Location: _____ Date: _____

Name: _____ [Optional]

Athlete Coach Official Other _____