

UNITED STATES SKI AND SNOWBOARD ASSOCIATION
ALPINE OFFICIAL'S RECOMMENDATION FORM

Name of official being recommended: _____

Use a separate sheet for recommendation and return to division AO chair.

Evaluation for:			Rate on scale of 1 to 5:	
Technical Delegate	<input type="checkbox"/>	Chief of Race	<input type="checkbox"/>	1 - Outstanding
Timing & Calculations	<input type="checkbox"/>	Referee	<input type="checkbox"/>	2 - Good
Chief of Course	<input type="checkbox"/>	Race Administrator	<input type="checkbox"/>	3 - Fair/Average
Competition Official	<input type="checkbox"/>	Data Management	<input type="checkbox"/>	4 - Poor
				5 - Unsatisfactory

This Official

1. Has a good working knowledge of race operations as a whole. _____
2. Is knowledgeable about this position and its responsibilities. _____
3. Is capable of handling this position unsupervised. _____
4. Explains duties clearly to other race workers. _____
5. Is confidant and shows initiative in this position. _____
6. Communicates well with other race workers. _____
7. Works well with other people. _____
8. Is well organized and accomplishes assigned tasks in a timely manner. _____
9. Completes all duties of this position. _____
10. (For TC/TD only) Is capable of performing all calculations required by this position. _____

Comments:

 Signature of Recommending Official

 (Please Print Name Legibly)

 Evaluation Date

THIS INFORMATION WILL BE KEPT CONFIDENTIAL. THANK YOU.