

NORTH ATLANTA SWIM ASSOCIATION - - - STARTER EVALUATION FORM

DATE OF MEET _____ MEET: _____ VS. _____

STARTER: _____ TEAM REPRESENTATIVE: _____

	<u>Low</u>			<u>High</u>		
1 PROMPTNESS	1	2	3	4	5	
2. APPEARANCE	1	2	3	4	5	
3. ATTITUDE	1	2	3	4	5	
4. COMMAND OF MEET	1	2	3	4	5	
5. RULE KNOWLEDGE	1	2	3	4	5	
6 RAPPOR T	1	2	3	4	5	

COMMENTS:

Please complete and send to:

North Atlanta Swim Association
 2395 Christopher's Walk
 Atlanta, Georgia 30327
 Attention: Franke Marsden