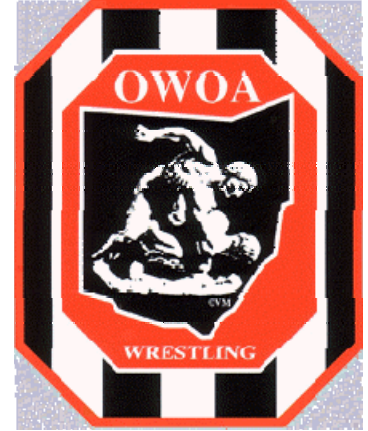


SOUTHWEST OHIO WRESTLING  
OFFICIALS ASSOCIATION

MENTORING PROGRAM

MENTOR'S NAME



CITY \_\_\_\_\_  
STATE \_\_\_\_\_  
ZIP \_\_\_\_\_  
CELL \_\_\_\_\_  
HOME \_\_\_\_\_

MENTOR'S "DUALS"

DATE \_\_\_\_\_ DAY \_\_\_\_\_ SCHOOLS \_\_\_\_\_  
LOCATION \_\_\_\_\_ START TIME \_\_\_\_\_

DATE \_\_\_\_\_ DAY \_\_\_\_\_ SCHOOLS \_\_\_\_\_  
LOCATION \_\_\_\_\_ START TIME \_\_\_\_\_

DATE \_\_\_\_\_ DAY \_\_\_\_\_ SCHOOLS \_\_\_\_\_  
LOCATION \_\_\_\_\_ START TIME \_\_\_\_\_

DATE \_\_\_\_\_ DAY \_\_\_\_\_ SCHOOLS \_\_\_\_\_  
LOCATION \_\_\_\_\_ START TIME \_\_\_\_\_

DATE \_\_\_\_\_ DAY \_\_\_\_\_ SCHOOLS \_\_\_\_\_  
LOCATION \_\_\_\_\_ START TIME \_\_\_\_\_

GOAL # 1. Evaluate the Entry Year Official at least twice during the year using the established rubric.

GOAL # 2. Have the individual being mentored shadow or assist the Mentor two times, when both are comfortable doing so.