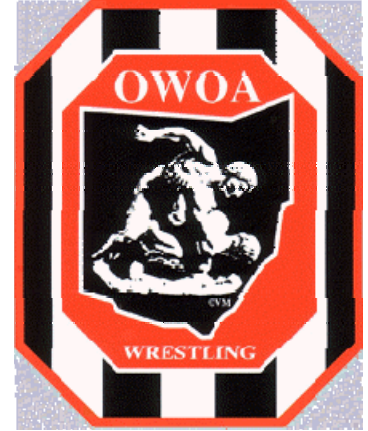


SOUTHWEST OHIO WRESTLING
OFFICIALS ASSOCIATION

MENTORING PROGRAM

ENTRY YEAR OFFICIAL'S NAME



CITY _____
STATE _____
ZIP _____
CELL _____
HOME _____

ENTRY YEAR OFFICIAL'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.