|  |  |
| --- | --- |
| Name of Official to be reviewed |  |
| Current Certification level |  |
| Name of Person Reviewing |  |
| Date of Review |  |
| **Eligibility** |
| US Squash Member |  |
| Safesport Certified |  |
| Level 2 Exam passed |  |
| Clinics Attended and/or given |  |
| Assessments Received/ Assessments Given / Self Evaluations |  |

**Summer Assessment Performance**

|  |  |
| --- | --- |
| May |  |
| June |  |
| July |  |
| August |  |

**Assessment Candidate Feedback**

|  |
| --- |
|  |

Assessor Feedback

|  |
| --- |
|  |

**Goals for Next Season**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |

**Certification Level for Next Season**

|  |  |
| --- | --- |
| Level |  |
| Reviewer |  |
| Signature |  |
| Date |  |