## TEXAS ASSOCIATION OF SPORTS OFFICIALS - VOLLEYBALL DIVISION PROFICIENCY/EDUCATION SUMMARY

Season:	NAME:											
District:	TASO ID#:			SSN #:								
CHAPTER: _												
ADDRESS: _												
							ZIP:					
						ZIP:						
							-					
E-MAIL:												
Instructions: Circle the appropriate proficiency units earned in each category. Add together the points and enter in the space provided below. Send this completed form to your chapter secretary.												
EXAMINATION (max 30/season)						EXPERIENCE (max 20/season)						
Grade						Years	Years Units		Units			
95-100	30	80-84	16			10+	20	5	10			
90-94	25	75-79	14			9	18	4	8			
85-89	20	70-74	12			8 16		3 2	<u>6</u>			
						7 14 6 12		1	<u>4</u>			
EDUCATION (max 20/season)  Mandatory District Rules Clinic (Max 1 time per season) 5  Annual State Meeting 5  Local Training Session (Must attend minimum of 5) 10						Sub-Varsity x			X X X st wor	Units 1 .5 .5 rked.	Total	
TOTAL PROFICIENCY UNITS:						RANK:		nisity iiile a	ssign	ment.		
Signature of Official						Date						
As Secretary and/or President of the above Chapter, I approve the data as an accurate account of this official's work.												
Signature of Ch		Office										

Volleyball Proficiency Point Form.doc