

ODHA / ODMHA OFFICIATING PROGRAM SUPERVISION FORM



Official Supervised Information:

ODHA #	Dst	First Name	Last Name
EMAIL	CHA Level	Ref / Line	<input type="checkbox"/> Ref.-3 Man <input type="checkbox"/> Ref.-2 Man <input type="checkbox"/> Lines

Game Supervised Information:

DATE OF GAME	DAY MTH YEAR	GAME LOCATION	LOCATION - ARENA GAME PLAYED AT	GAME TYPE	<input type="checkbox"/> EXB. <input type="checkbox"/> LG. <input type="checkbox"/> PO <input type="checkbox"/> TOURN.
AGE GROUP	(ATOM, PW, BTM, MD, JR, ETC.)	GAME LEVEL	(AA, A, B, REP, CIAU, etc.)		<input type="checkbox"/> EASY <input type="checkbox"/> AVG. <input type="checkbox"/> DIFFICULT
TEAMS	COLOUR	TEAM NAME	SCORING	1 2 3 0/T Total	PENALTIES 1 2 3 0/T Total
HM			Home Score		Home Score
VIS			Visitor Score		Visitor Score

Other Officials Working This Game:

REFEREE <input type="checkbox"/>	REFEREE <input type="checkbox"/>
LINESMAN <input type="checkbox"/>	LINESMAN <input type="checkbox"/>

Officials Supervision Assessment:

	AREAS OF STRENGTH (2)	
	AREAS OF IMPROVEMENT (2)	

Officials Evaluation Scale:

** NI = Needs Improvement ** S = Satisfactory ** VG = Very Good Check appropriate box NI requires a written explanation

OVERALL CATEGORIES	NI	S	VG	REFEREE CATEGORIES	NI	S	VG
Rule Knowledge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Feel for the game	1st <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHA Rules Emphasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Penalty Selection)	2nd <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance & Presence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3 / OT <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgement, Consistency	1st <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skating - Forward & Agility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	& Standard	2nd <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skating - Backward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3 / OT <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LINESMAN CATEGORIES	NI	S	VG
Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teamwork / Awareness	1st <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2nd <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport & Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3 / OT <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgement	1st <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude (Off-Ice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2nd <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3 / OT <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face-Offs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Comments & Information:

HEIGHT	Ft.	In.	WEIGHT lbs.

SUPERVISOR NAME _____

ODHA # OR TITLE _____

PHONE # AND / OR EMAIL _____

OVERALL GAME RATING

Poor

Needs Imp.

Satisfactory

Very Good

Outstanding