



Official's Supervision Form

Name: _____ Referee MHA: _____
 Phone: _____ Linesman Level: _____
 Location: _____ League: _____
 Away: _____ (_____) Home: _____ (_____)
Score Score
 Date: ____/____/____ Type of Game: Difficult Quiet Average Other
YYYY MM DD
 Supervisor: _____

Evaluation Scale: (1 – 5); (1 – 10); N/A; Unsatisfactory (U); Fair (F); Satisfactory (S); Good (G); Very Good (VG)

Rule knowledge (5)..... _____
Fitness (5)..... _____
Appearance / Presence (5)..... _____
General Appearance..... _____
Department..... _____
Skating Ability (10)..... _____
Forwards..... _____
Backwards..... _____
Acceleration..... _____
Anticipation..... _____
Agility..... _____
Signals (5)..... _____
Whistle..... _____
Hand..... _____
Voice..... _____
Attitude (5)..... _____
On Ice..... _____
Off Ice..... _____

Rapport / Communications (10)... _____
Coach / Players..... _____
Partners..... _____
Reaction to Pressure (10)..... _____
Procedures (5)..... _____
Line Change..... _____
End of Period..... _____
Penalty..... _____
Fight..... _____
Icing..... _____
Offside..... _____
Positioning (10)..... _____
Blue Line..... _____
Partners Line..... _____
End Zone..... _____
Pursuit of Play..... _____
After Whistle..... _____

	Periods				Periods		
	1	2	3		1	2	3
Referee				Linesman			
Feel for the game (15)	_____	_____	_____	Teamwork / Awareness(10)	_____	_____	_____
Consistency & Standard (15)	_____	_____	_____	Judgment (10)	_____	_____	_____
				Face-offs (10)	_____	_____	_____

Total Score

Strengths: _____

Weaknesses: _____

Comments: _____



Supervisors Signature Date

BC HOCKEY OFFICIATING PROGRAM

