



SUPERVISION FORM

Official Supervised Information:

| | | | | | | | |
|-------|--|-----------|-------------------|------------|-------------------------------|-----------|--|
| ODHA# | | DST | Dist 1 | First NAME | | Last Name | |
| EMAIL | | CHA Level | HC - Lvl I | Ref/Line | REFEREE - 3 Man System | | |

Game Supervised Information:

| | | | | | | | | | | | | | | | |
|---------------|-----|-----|------|----------------|---------------------------------|---------------------------------|--|--|-----------------------|-----------|-------------|--|--|--|--|
| DATE of GAME | | | | GAME LOCATION | | | | | | GAME INFO | League Game | | | | |
| | DAY | MTH | YEAR | | LOCATION - ARENA GAME PLAYED AT | | | | | | GAME TYPE | | | | |
| AGE GRP & LVL | | | | ODMHA DISTRICT | | ODMHA Association if applicable | | | GAME DIFFICULTY LEVEL | | | | | | |

| TEAM | COLOUR | TEAM NAME | SCORE | 1 | 2 | 3 | O | F | PENALTY | 1 | 2 | 3 | O | F |
|------|--------|-----------|---------------|---|---|---|---|---|-------------------|---|---|---|---|---|
| HM | | | Home Score | | | | | | Home Penalties | | | | | |
| VIS | | | Visitor Score | | | | | | Visitor Penalties | | | | | |

Other Officials Working This Game:

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Officials Supervision Assessment:

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| | 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 | COMMENTS | REFEREE CATEGORIES | NI | S | VG | COMMENTS |
|-----------------------------|--------------------------|-------------------------------------|--------------------------|----------|---------------------------------------|----|--------------------------|--------------------------|--------------------------|
| Rule Knowledge | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Feel for the Game (Penalty Selection) | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHA Rules Emphasis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appearance & Presence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fitness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Judgement, Consistency & Standard | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skating - Forward & Agility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skating - Backward | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | 3 | <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 | | | | |
| Signals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Teamwork/Awareness | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reaction to Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rapport & Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EFFORT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Judgement | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude (Off-Ice) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | 3 | <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:

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|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| SUPERVISOR COMMENTS | | | | | | | | | | | | | | |
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|-----------------------------|-------------------|------------------------|--------------|----------------|--------------|
| SUPERVISOR SIGNATURE | | ODHA or SPRVSR# | | PHONE # | |
| | Print Name | | TITLE | | EMAIL |