

**OTTAWA DISTRICT HOCKEY ASSOCIATION**



**OFFICIALS SELF-EVALUATION FORM**

Date: \_\_\_\_\_ Level of Hockey: \_\_\_\_\_

**Areas of Emphasis:**

Fitness, Appearance, Knowledge of Rules, CHA Rule Emphasis, Skating, Positioning, Signals, Procedures, Attitude, Reaction to Pressure, Rapport and Communication, Judgement, Face-Offs, Teamwork, Effort, Awareness, Pre-Game Preparation.

Select 1 or 2 points to work on per game.  
Name the point(s) below and why you are choosing these points to work on.

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Was I successful in improving in these areas?

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**Official being Supervised Information**

<b>LAST NAME</b>																		<small>OFFICIALS ODHA DISTRICT #</small>									<small>ODHA #</small>								
<b>FIRST NAME</b>																		<b>REFEREE</b>	<input type="checkbox"/>	<b>LINESMAN</b>	<input type="checkbox"/>	<b>CHA LEVEL</b>													

<b>SUPERVISOR</b>																	<b>ODHA#</b>									<b>PHONE #</b>								
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