



2012- 13 OFFICIATING PROGRAM

Supervision Form

(Check One): Referee Linesman

Official's Name: _____ Level: _____ **Total= /100**

Category: _____ Teams: _____ vs. _____

Arena: _____ Date: _____

Knowledge of Rules / 5 Fitness Appearance / 5 / 5	Judgment/Consistency / 15 (Referee) Face Offs / 15 (Linesman)
Skating Ability / 10	Reaction to Pressure / 10 (No Pressure = 8)
Positioning / 10	Rapport/Communication / 10 (On Ice Attitude)
Signals / 5	Feel for Game (Penalties) / 15 (Referee) Teamwork & Awareness / 15 (Linesman)
Procedures / 5	Attitude (Off Ice / Briefing) / 5

Supervisor's Comments (Strengths / Areas to Work on / General Comments):

Supervisor's Name: _____

Supervisor's Signature: _____