

# OFFICIAL RATING FORM



SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_

ADDRESS: STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ P.C. \_\_\_\_\_

e-mail: \_\_\_\_\_

PHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

DATE: _____		# OF GAMES OBSERVED: _____		TOTAL SCORE: _____		/100	
<b>LEVEL:</b>		<b>TYPE:</b>		<b>RATING SCALE:</b>			
Nationals		Men		Excellent		9 or 10	
CWBL Finals		Women		Above average		7 or 8	
JR. Nationals		Co-ed		Average		5 or 6	
Provincials				Below average		3 or 4	
League				Very weak		1 or 2	

**APPEARANCE** (physical condition, mannerisms, attire)

**ATTITUDE** (professionalism, poise, manner)

**RULES** (knowledge, application, consistency)

**MECHANICS** (positioning, movement, coverage)

**SIGNALS** (clarity, correctness, pace of delivery)

**GAME CONTROL** (handling of players, coaches, spectators)

**JUDGEMENT** (consistency of calls, use of common sense)

<b>HUSTLE</b> (regardless of game level or intensity)	
<b>CONFIDENCE</b> (poised, able to make the tough calls)	
<b>TEAMWORK</b> (with partner(s) and table officials)	

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**GENERAL COMMENTS:**

AREAS OF STRENGTH

AREAS NEEDING IMPROVEMENT

**RECOMMENDATIONS:**

(What should happen with this official in the near future?)

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**ASSIGNER/EVALUATOR:**

Original to the National Office

Copy to the Observed Official

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