

OFFICIAL EVALUATION FORM



**WHEELCHAIR
BASKETBALL
CANADA**

SURNAME:

GIVEN NAME:

ADDRESS:

STREET:

CITY:

PROVINCE:

P.C.

e-mail:

PHONE: Home ()

Work ()

DATE:

OF GAMES OBSERVED:

TOTAL SCORE:

/100

LEVEL:

TYPE:

EVALUATION SCALE:

Nationals

WBCL Finals

Jr. Nationals

Provincials

League

Men	Excellent 9 or 10
Women	Above average 7 or 8
Co-ed	Average 5 or 6
	Below average 3 or 4
	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)	
HUSTLE (regardless of game level or intensity)	
CONFIDENCE (poised, able to make the tough calls)	
TEAMWORK (with partner(s) and table officials)	

GENERAL COMMENTS:

AREAS OF STRENGTH:

AREAS NEEDING IMPROVEMENT:

RECOMMENDATIONS:

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

ASSIGNER/EVALUATOR:

Original to the National Office
Copy to the Observed Official
