

# ONTARIO SPEED SKATING

## OFFICIALS CERTIFICATION PROGRAM ASSESSMENT FORM

**NAME:** \_\_\_\_\_

**CLUB:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ASSESSOR:** \_\_\_\_\_

**LEVEL OF ASSESSOR:** \_\_\_\_\_

**EVENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**SANCTION(S):** \_\_\_\_\_

Grading Scale: A = exceeds requirements    B = meets requirements    C = needs improvement

ADVANCE PREPARATION	A B C	ONSITE PREPARATION	A B C
NOTES:		NOTES:	
KNOWLEDGE OF RULES & PROCEDURES	A B C	APPLICATION OF RULES & PROCEDURES	A B C
NOTES:		NOTES:	
MANAGEMENT OF PERSONNEL	A B C	POST-COMPETITION ADMINISTRATION	A B C
NOTES:		NOTES:	
OVERALL RATING	A B C	RECOMMENDATION FOR UPGRADE	Y N
NOTES:		NOTES:	

**ASSESSOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ASSESSMENT DISCUSSED WITH CANDIDATE:** Y N