

Level 3: National

Table Official Assessment Criteria

Great Britain Wheelchair Rugby



TABLE OFFICIAL ASSESSMENT CRITERIA

LEVEL 3: NATIONAL

Official's Name:	
Educator's Name:	
Date / Event:	

The official:	Outcome: C / NYC	Evidence: Obs / Q
Takes part in a pre-game meeting with co-officials where necessary and can conduct a self-evaluation alongside co-officials post game		
Demonstrates excellent verbal and non-verbal communication with all co-officials		
Demonstrates an autonomous ability to complete respective duty		
Demonstrate a high-level understanding of the game and able to anticipate in-game actions; e.g.: Coaches time out calls, substitutions		
Demonstrates ability to quickly and correctly correct an error – whilst communicating to on court Referee		
Demonstrates the ability to perform consistently in high pressure situations and fast paced games		
Demonstrate the ability to resolve disputes and know when to involve the referee		
SK – Demonstrates good knowledge regarding player card disputes and dealing with Bench protests		
SK – Possesses the ability to quickly identify if a team is playing over-pointed and can follow the appropriate actions accordingly		
TK – Demonstrates good knowledge of equipment, able to adjust timings when necessary and transition seamlessly between quarters		
TK -Demonstrate an understanding of the correct procedures in an overtime situation		
40- Demonstrate the ability to work accurately with the TK during stoppages within the last 40/15secs of each period		
40- Demonstrate the ability to perform two duties at the same time e.g. 40 second clock and Penalty Timekeeper roles		

Level 3: National

Table Official Assessment Criteria

Great Britain Wheelchair Rugby



PB – Control penalty box area knowing the illegal acts that players can do whilst in the penalty bin and know what action to take if it happens

**Educators
Decision on
becoming a Level
3 Table Official:**

Competent:

☐

Not Yet Competent:

☐

Feedback / Action Plan:

Official's Name:

Signature:

Date:

Educator's Name:

Signature:

Date:



Question and Answer Sheet (if needed)

Question 1
Q.
A.
Question 2
Q.
A.
Question 3
Q.
A.