



UMPIRE MENTOR VISIT - MENTOR REPORT

The Hockey Queensland Umpire Mentor Program provides Associations throughout Queensland with the opportunity to develop the knowledge and skills of their local umpires.

The following information will be considered by the HQ Umpiring Committee to continually assess the value of and improvement to the Umpire Mentor Program to ensure HQ and Association investment is achieving the purpose of the Program.

Name of Association Visited: _____ Date of Visit: ____/____/____

Association Contact/Umpire Co-ordinator: _____

Please advise details of Accommodation and Meals provided by the Association

Type of Accommodation: _____

Was it satisfactory? Y/N If no, why _____

Were the meals provided satisfactory? Y/N If no, why _____

Please provide details of Active Umpire Coaches who worked with you? 1 male and 1 female:

Female: _____ Male: _____

Please briefly outline below the activities undertaken during the Mentor Visit and provide your satisfaction rating.

Rules Update Briefing for Umpires/Players/Coaches: As this is Mandatory please state the time taken for the Briefing and the number of people in attendance: Time _____ Number _____

Please provide a satisfaction rating 1 – 5 (5 being most satisfied) for this session: _____

If Umpires Workshop undertaken, detail number of attendees: Discussion with Umpires around Umpiring Skills; Areas of Development required at each level of Umpiring

Junior Y/N Number _____ Senior Y/N Number _____

Please provide a satisfaction rating 1 – 5 (5 being most satisfied) for this session: _____

If Feedback Sessions for Umpires were undertaken, detail number of Umpires: Includes watching Umpires on a match and providing feedback on their game without formal Hockey Ed assessment

Junior Y/N Number _____ Senior Y/N Number _____

Please provide a satisfaction rating 1 – 5 (5 being most satisfied) for this session: _____

If Practical Umpire Assessments were undertaken, detail number of Umpires and Levels:
Hockey Ed Assessment for Accreditation – details need to be submitted for each Umpire with this form

Junior Y/N Number_____ Accreditation Level _____

Senior Y/N Number_____ Accreditation Level _____

Please provide a satisfaction rating 1 – 5 (5 being most satisfied) for this session: _____

Were you asked to Umpire a game? Y/N

Was an Umpire Coach available on the sideline with Umpires to watch and learn? Y/N

Please provide any other comment or suggestion to improve the Umpire Mentor Program:

Please return this form to:

- 1) Barry Vohland – Talent Pathway Program Manager
- email: bvohland@hockeyqld.com.au
- 2) Lyn Hill - Chair, Hockey Queensland Umpiring Committee
- email: lynette_hill@bigpond.com