



Initiation Program

2009-2010

The Initiation Program is part of the Hockey Canada Skill Development Series and is the OMHA's official Skill Development Program for players' under 8 years old. It is also the foundation of the Long-term Player Development (LTPD) model for hockey players in Canada.

Enclosed in this mailing is the **OMHA Initiation Program Questionnaire** which provides a summary of programming below Novice in your Association.

Please complete the Questionnaire and return the OMHA Office to the attention of Ian Taylor. An electronic version of this form is available on the OMHA website in the Player Development section under Initiation Program.

The OMHA website also has additional information and resources on Player Development and the Initiation program including:

1. OMHA Initiation Program Implementation Guide
2. OMHA Cross-Ice Hockey – Program Overview
3. Hockey Canada Initiation Season Plan & Coach Resource Guide
4. IP Instructors Manual and Lesson Plans

For more information on the OMHA Initiation Program, please contact Ian Taylor at the OMHA via email at ian.taylor@omha.net . We can help develop a program that meets the needs of your association and can put you in touch with one of our IP Team Members to help you get started



OMHA Initiation Program Questionnaire

Summary of Programming
Below Novice

(FILL IN YOUR ASSOCIATION NAME HERE)



Introduction

Hockey Canada developed the Initiation Program to make children's first contact with hockey a safe and positive experience. It's a structured, learn to play hockey program designed to introduce beginners to the game's basic skills. It enables participants to become contributing members of a team effort, develop self-confidence, and experience a sense of personal achievement. These goals are achieved in an atmosphere of fun and fair play.

The OMHA understands the important role it plays in helping beginning hockey players to develop playing attitudes and foster an enjoyment of hockey as a lifetime sport and hobby.

The OMHA would like to thank you for reviewing & completing this Summary of Programs for Players Under 8 years of age.

The completion of this document will serve the following goals:

- ❶ This provides an overview of the programs you are delivering for players below eight years of age.
- ❷ This is the first step in the process of being recognized and certified by the OMHA as an Association that is operating the Initiation Program.
- ❸ For centres already certified, will serve as a Recertification document.

We feel that the Initiation Program can provide a worthwhile contribution to your association, and more particularly to the participants and volunteers in programs that introduce our youngest players to the game.

Please feel free, to ask any questions that you feel are necessary as well voice any concerns that you have. The OMHA IP Working Committee consists of people who have had experience in the Initiation Program for young children, and have volunteered their time and energy to help. We hope that we will be able to answer your questions and address your concerns, and/or offer any other assistance you require.

Wayne King
Chair, Recreational Stream Committee
OMHA Coaches Program

Ron Noonan
Technical Director
OMHA Coaches Program

Ian Taylor
Director, Development Programs
Ontario Minor Hockey Association

Contact Information

Questionnaire Completed by:		Date:	
Position:			
Email:			

Association Information

Association Name:			
Address:			
Phone #:		Fax #:	
Email:			

Head Administrator(s) for Programming for Players under Eight (8) years old

Position (Title):			
Name:		Phone #:	
Email:			

Position (Title):			
Name:		Phone #:	
Email:			

Head Coach / Technical Director for Association

Position (Title):			
Name:		Phone #:	
Email:			

Programming for Players Under Eight (8):

PROGRAM	AGE 4	AGE 5	AGE 6	AGE 7
HOUSE LEAGUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCAL LEAGUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROSTERED SELECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELECT LEAGUE				
Is your association a certified IP centre?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'YES', what year was your Program Certified?				

1. Instructors

No. of IP Certified Instructors:		No. of Assistant Instructors:	
No. of Off-Ice Volunteers :		# of Parent Volunteers:	

2. Program Summary

PROGRAM NAME	INITIATION	TYKE	SELECT	OTHER
AGE OF PARTICIPANTS				
NUMBER OF PARTICIPANTS				
HOURS OF ICE-TIME / WEEK / PROGRAM				
NUMBER OF VOLUNTEERS ON-ICE				
NUMBER OF VOLUNTEERS OFF-ICE				
NUMBER OF PRACTICES PER SEASON				
NUMBER OF GAMES PER SEASON				
DATE LEAGUE GAMES BEGIN:				

3. Type of Program (Select the program structure that best describes your program)

TEAM STRUCTURE <input type="checkbox"/>	Teams work independently; each Coach ensures the content of the OMHA Initiation Program is taught, as directed by Local Association.
PARALLEL STRUCTURE <input type="checkbox"/>	Teams work independently as in the Team Structure, but the Initiation Program runs separately with participants grouped by ability.
COMBINED STRUCTURE <input type="checkbox"/>	Participants are combined into Groups, all ice sessions at the beginning of the year are done in groups based on abilities. As the season progresses more Team sessions will be scheduled for the advanced levels, plus the addition of more games.

4. PROGRAM INFORMATION

Program Location:	
Day(s) of the Week:	
Time (s):	

Volunteer Information

Please check appropriate response and provide any other information you would care to give about your volunteers, their roles, training or recruitment.

1. We recruit volunteers:
 - At registration
 - At Parent Meetings
 - By Telephone/Letter Campaigns
 - Other: List Below

2. Generally, we recruit:
 - Enough volunteers that the program runs efficiently
 - About 1 volunteer for every 5 participants
 - About 1 volunteer for every 10 participants
 - Other: 1 volunteer for every _____ participants
 - Insufficient volunteers to run the program

3. Most volunteers want to:
 - Help run the program on the ice
 - Help run the program, but remain off the ice
 - Do both of the above

4. Most of our volunteers are:
 - Are not experienced in hockey
 - Have some experience in hockey (assisted)
 - Have played hockey but not instructed (coached)
 - Have administered or instructed (coached) hockey previously
 - Have volunteered in other community sport(s)

Program Curriculum

Please answer the following questions:

1. Do you have specific technical objectives for each program? Yes No
2. Are the technical personnel given copies of them? Yes No
3. Is there specific curriculum for each ice session? Yes No
4. Are the session outlines followed? Yes No
5. Can adjustments be made to curriculum when necessary? Yes No
6. Is there a Technical Supervisor on the ice? Yes No
7. Are specific duties assigned to each on ice instructor/coach? Yes No
8. In general, are the instructors/coaches prepared before the sessions? Yes No
9. Are players grouped and how are they grouped? (eg. Ability, Teams, at Random, Age) Yes No

10. Approximately what percentage of each session is used to:

Teach New Skills (%)		Practice Old Skills (%)		Play Games (%)	
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11. Do you evaluate the progress of the participants?
When? Please explain. Yes No How?

12. Is the evaluation shared with the participants/parents? Yes No Why?

Administration

Please answer the following questions:

1. Local Association Constitution and Bylaws have adopted the curriculum of the OMHA Initiation Program:

Yes No

2. Local Association Executive Support:

Weak Good Excellent

3. How is Program Information distributed?

	WRITTEN		VERBAL	
Association Executive:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program Volunteers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participants Parents:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Is Participant progress evaluated?

Yes No

5. Are Evaluations shared with the Participants/Parents?

Yes No

6. When are Evaluations completed?

Beginning of Season Mid-Season End of Season

7. Gauge Parental support of your Program:

Under 50% 50% Above 50%

8. Gauge Parental support of your Program:

Under 50% 50% Above 50%

General Questions

After your assessment is complete, ask yourself the following questions:

	YES	NO	WILL BE IN THE FUTURE
Are all on ice personnel in leadership roles qualified IP instructors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Constitution/Bylaws of our association adopt the curriculum of the Initiation Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there structure to the program make-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are skill development drills tailored to the needs of each group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are ice sessions structured and efficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a head instructor monitoring overall flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are practice sessions designed to develop the basic hockey skills in a fun and supportive way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the ratio of instructors to players sufficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are participants grouped by skill level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an appropriate ratio of practice to game time being maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think that your program would be qualified to be designated and a certified OMHA IP Centre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to have an OMHA Representative visit your association for assistance or program certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact Information

Please email or Fax your completed form back to to the attention of Ian Taylor at:



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