



GAME OFFICIALS EVALUATION FORM

Game Official: _____ Date (yy/mm/dd): ____ / ____ / ____

Assignment: Referee Linesman Supervisor: _____

Competition: _____ Location: _____

Home Team: _____ () vs. Visiting Team: _____ ()

CATEGORY	COMMENTS
Appearance <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	
Skating Skills <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	
Positioning <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	
Face-Offs <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	
Signals <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	
Judgment <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	
Awareness <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	

Summary Comments: Type of Game: Easy Average Difficult

Supervisor's Signature: _____