



USA HOCKEY OFFICIALS EVALUATION FORM

Official Evaluated _____ Officials Level: _____ Date: _____

Assignment: Referee Linesman System: Evaluator: _____

Game level: _____ Location: _____

Home Team: _____ VS. Visiting Team: _____

Pre-game meeting held Officials state:

Post-game meeting held Officials initials:

CATEGORY	COMMENTS
APPEARANCE <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	
Skating <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	
Position <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:

Type of game Easy Average Difficult