



USA HOCKEY OFFICIALS EVALUATION FORM

Official Evaluated: _____ Official's Level _____ Date: _____

Assignment: Referee Linesman System: 2 3 Evaluator: _____

Game Level: _____ Location: _____

Home Team _____ vs. Away Team _____

Pre-Game Meeting Held Official's State: _____ Initialed by Evaluated (Y/N)? _____

Post-Game Meeting Held Official's E-Mail: _____

| 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 <input type="checkbox"/> Easy <input type="checkbox"/> Average <input type="checkbox"/> Difficult | |

Electronic Distribution: Evaluated Official; State Evaluation Director; Local Supervisor of Officials; other local staff as appropriate