



REFEREE EVALUATION

OFFICIAL: _____ LEVEL: _____ DATE: _____ LEAGUE: _____

TEAM: _____ @ _____

TYPE OF GAME: EASY AVERAGE DIFFICULT

OFFICIAL'S EMAIL: _____ PHONE: _____

Technical		Game Performance	
Knowledge of Rules (0 or 5)	/5	Judgment/Consistency P.1	/5
Fitness	/5	P.2	/5
Appearance	/5	P.3	/5
Skating Ability	/10	Face-offs (Linesmen)	/15
Positioning	/10	Reaction to Pressure (no pressure = 8)	/10
Signals	/5	Rapport/Communication	/10
Procedures	/5	Feel for the Game P.1	/5
Attitude	/5	P.2	/5
		P.3	/5
Technical Skills (out of 50):	/50	Teamwork/Awareness (Linesmen)	/15
		Game Performance (out of 50):	/50
		TOTAL	/100

Technical Ability Comments:

Knowledge of Rules/Fitness/Appearance: _____

Skating Ability: _____

Positioning: _____

Signals: _____

Procedures: _____

Attitude: _____

Game Performance Comments:

Judgment/Consistency (P.1/P.2/P.3)/Face-offs (Linesman): _____

Reaction to Pressure: _____

Rapport/Communication: _____

Feel for the Game (P.1/P.2/P.3)/Teamwork/Awareness: _____

Supervisors Signature _____ Date: _____