USA HOCKEY OFFICIALS EVALUATION FORM

Eval Number

Official Evaluated: _____ **Official's Level:** _____ **Date:** ___/___ / ___

Assignment: ☐ Referee ☐ Linesman **System:** ☐ 2 ☐ 3 **Evaluator:** _____

Game Level: _____ **Location:** _____

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

☐ **Pre-game meeting held** **Official's State:** _____

☐ **Post-game meeting held** **Official's initials:** _____

CATEGORY	COMMENTS
Appearance ☐ Excellent ☐ Satisfactory ☐ Good ☐ Needs Improvement	
Skating ☐ Excellent ☐ Satisfactory ☐ Good ☐ Needs Improvement	
Position ☐ Excellent ☐ Satisfactory ☐ Good ☐ Needs Improvement	
Faceoffs ☐ Excellent ☐ Satisfactory ☐ Good ☐ Needs Improvement	
Signals ☐ Excellent ☐ Satisfactory ☐ Good ☐ Needs Improvement	
Judgment ☐ Excellent ☐ Satisfactory ☐ Good ☐ Needs Improvement	
Awareness ☐ Excellent ☐ Satisfactory ☐ Good ☐ Needs Improvement	
Summary: **Type of Game:** ☐ Easy ☐ Average ☐ Difficult	

Copy 1: District Evaluation Coordinator **Copy 2:** Official **Copy 3:** Evaluator