



COACH Game Official Evaluation Report

**** If completed, please return to the Referee-in-Chief, with a copy to the President.**

Game Date: _____ Game #: _____ Time: _____ Arena: _____

Home Team: _____

Away Team: _____

Head Referee (if known): _____

On a scale of 1-10 with 1 being poor and 10 excellent, please circle or clearly mark the number below.

Attitude:	1	2	3	4	5	6	7	8	9	10
Communication:	1	2	3	4	5	6	7	8	9	10
Effort:	1	2	3	4	5	6	7	8	9	10
Penalty quality:	1	2	3	4	5	6	7	8	9	10
Game Control:	1	2	3	4	5	6	7	8	9	10

General Comments:

Linesman 1 (if known): _____

On a scale of 1-10 with 1 being poor and 10 excellent, please mark each category.

Attitude:	1	2	3	4	5	6	7	8	9	10
Effort:	1	2	3	4	5	6	7	8	9	10
Offside/Icing/Faceoffs:	1	2	3	4	5	6	7	8	9	10

Comments:

Linesman 2 (if known): _____

On a scale of 1-10 with 1 being poor and 10 excellent, please mark each category.

Attitude: 1 2 3 4 5 6 7 8 9 10

Effort: 1 2 3 4 5 6 7 8 9 10

Offside/Icing/Faceoffs: 1 2 3 4 5 6 7 8 9 10

Comments:

General / Other Comments:

Date:

Submitted by - Head Coach Name:

Tel:

Email: