

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: