

Pennsylvania Interscholastic Hockey League

Referee Evaluation Form

Today's Date _____/_____/_____

Association _____ Signature _____

Date of Game _____/_____/_____ Rink _____ Game # _____

League Rep: _____ Level: AAA AA A OPEN JV FR

Mail To: Referee Evaluations, 622 Courtview Drive, Greensburg, PA 15601

Please respond to the questions and include your reasons for the answer. Please use extra paper if necessary.

Referee Name and or Number:

1. Please rate the type of game you think this was to officiate: Please circle one

Easy Average Difficult

2. Please rate how the official communicated with you and the players? Please circle one number with "5" being the highest rating.

1 2 3 4 5

3. Please rate the game management skills of the official. Please circle one number with "5" being the most positive rating

1 2 3 4 5

4. Please rate the professionalism of the official. Please circle one number with "5" being the least negative rating

1 2 3 4 5

5. Briefly describe any issues that you had during this game.

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