OAHL REFEREE EVALUATION FORM

Name of Evaluator: _____   Team: _____ #: _____

Date/Time of Game: _____   League: A B C D O30 Tourn

Email: _____   Phone: _____

The referee's evaluation is to be completed without bias and regardless of game result. If necessary, take 24 hours after the completion of the game to gather your thoughts so you may offer a constructive evaluation. In an effort to provide consistent and high quality officiating please provide fair criticism and include positive comments as well. Any evaluation submitted with extreme language and/or hollow remarks will be disregarded. Please consider this a tool to make our league better.

Please identify each referee by name or physical description. Referees for USA Hockey adult league games are not required to wear names or numbers.

REFEREE #1: _____

REFEREE #2: _____

Please rate the referee's demeanor and professionalism in this game:

Referee #1	5-Excellent	4-Above Average	3-Meets Expectations	2-Below Expectations	1-Poor
Referee #2	5-Excellent	4-Above Average	3-Meets Expectations	2-Below Expectations	1-Poor

Please rate the referee's skating ability, effort, and positioning in this game:

Referee #1	5-Excellent	4-Above Average	3-Meets Expectations	2-Below Expectations	1-Poor
Referee #2	5-Excellent	4-Above Average	3-Meets Expectations	2-Below Expectations	1-Poor

Please rate the referee's understanding and application of the rules in this game:

Referee #1	5-Excellent	4-Above Average	3-Meets Expectations	2-Below Expectations	1-Poor
Referee #2	5-Excellent	4-Above Average	3-Meets Expectations	2-Below Expectations	1-Poor

Please rate the referee's overall game management for this game:

Referee #1	5-Excellent	4-Above Average	3-Meets Expectations	2-Below Expectations	1-Poor
Referee #2	5-Excellent	4-Above Average	3-Meets Expectations	2-Below Expectations	1-Poor

Please briefly state any positive and/or negative comments regarding the referees for this game:

This evaluation may only be completed by an OAHL director, OAHL player, or AIHOA member. Please email (adam.mims@oceansideicearena.net), fax (480-994-4749) or drop off this form to the office (page 1 only).

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Supplemental Description of Metrics

Evaluation Rating System

Excellent (5) = Outstanding for that category, excellent performance, stellar officiating
Above Average (4) = Gave an extra effort, was approachable, showed interest and cared about the game
Meets Expectations (3) = Knows the rules, kept up with the game, was able to control the game, had a good attitude about the game and player interaction
Below Expectations (2) = Cause for concern, displayed some deficiencies in specific areas, barely passable officiating, displayed some lack of confidence and rule knowledge
Poor (1) = Unacceptable performance, clear shortcomings, no confidence in this officiating

Demeanor and Professionalism

Positive:

- Professional appearance
- Cordial and approachable
- Enthusiasm and confidence
- Positive attitude

Negative:

- Indecisive/hesitant
- Abrasive and short-fused
- Arrogant and condescending
- Unprepared and distracted

Skating Ability, Effort, and Positioning

Positive:

- Stayed with flow of the play
- Hustled to re-gain positioning
- Maintained field of vision
- Avoided interference with the play

Negative:

- Lack of physical effort
- Poor anticipation
- Became fatigued
- Created unnecessary interference

Understanding and Application of Rules

Positive:

- Consistent calls throughout the game
- Solid command of USA Hockey rules
- Handled unique situations
- Clear and proper signals

Negative:

- Inconsistent or incorrect calls
- Invalid explanations
- Failed to meet standards of play
- Poor on-ice awareness

Overall Game Management

Positive:

- Took control of difficult situations
- Maintained authority and communication
- Soundly followed procedures
- Gave timely explanations and warnings
- Utilized partner appropriately

Negative:

- Unpredictable
- Influenced by score, situation, time of game, or a previous incident
- Long, unnecessary delays
- Slow to react to situations