

Space for Photo

Evaluation For:	☐ Head Referee ☐ Insid			e Pack Referee		☐ Outside Pack Referee		
		Section 1: Offici	al and	Game Info				
Derby Name		Government Name			Email Address			
League Affiliation (if applicable)		Date of Game		_	on Type (if tournament, check all th			
Competing Teams and Approximate		☐Sanctioned/SFC ☐Regulation/Mock S Tournament Name (if applicable)			tioned LIF	lome/Other (Fe	edback only)	
Competing Teams and Approximate Ranking at Game Tournament Name (if applicable)								
Same Score (if available) Number of Penalties (if available)				Head Officials				
		Section 2: Per	formar	nce Asses	sment			
							No	NA
The Referee was prepared to perform all the duties required of the position.								
The Referee understood and consistently and accurately enforced rules and procedures. (Please note any game/event-specific procedures required of Officials in Section 3 below.)								
The Referee displayed proficient skating skills and was in position to call penalties.								
The Referee properly and consistently identified the initiator of actions during the game.								
The Referee properly and consistently determined the impact of actions during the game.								
The Referee maintained awareness during the game and did not cause unnecessary game stoppages.								
The Referee's whistles, signals and verbal cues were clear throughout the game.								
The Referee was professional and communicated well in all interactions.								
The Referee had effective problem solving skills and worked well with Skaters and Officials.								
The Referee gave appropriate/insightful feedback and acted on feedback received.								
The Referee accurately counted points (if applicable).								
For Assessment of Head Officials Only								
The Head Referee effectively managed officiating of the game and/or event.								
The Head Referee effectively managed any disputes or issues.								
The Head Referee was knowledgeable and provided leadership to all Officials.								
The Head Referee completed all post-event evaluations.								
Section 3: Performance Notes and Examples								
Please provide examples for your yes/no answers and add any other comments about the Official's performance that would								
help Certification understand their ability.								
Evaluator Name			Evaluato	or Email				
Evaluator's Affiliation and/or Role in	the Game	☐ Self-assessment	Evaluato	r Signature				

Fill out this form to the best of your ability, sign it and return it to refcert@wftda.com. Requested file format to save for electronic submission is: OfficialsName-AbbreviatedPosition-Game (in YYYY-MM-DD format).pdf (e.g. NSO-SK-Sanc-2016-01-13.pdf) or for tournaments OfficialsName-AbbreviatedPosition-DateofTournamentStart (in YYYY-MM-DD format)-Tournament Name.pdf.