

2010 ASSOCIATE / CANDIDATE Game Rating Evaluation Form

RATED OFFICIAL: _____ POSITION WORKED _____

GAME: _____ VS _____ DATE: ____/____/____

Game Level: VARSITY JUNIOR VARSITY FRESHMEN (9TH) MODIFIED (7TH/8TH)

Officials that you worked the game with: PLEASE PRINT THE NAMES CLEARLY

1. _____ 2. _____
3. _____ 4. _____

FOR SUB VARSITY GAMES: Did you have a pre-game conference? YES NO

Comments on the pre-game: _____

Did you and the Active Official(s) talk about game situations after the contest? YES NO

Post game comments that were discussed: USE BACK OF SHEET IF NECESSARY

Non-Active post game comments: (What do I need to work on to improve my performance)

1. _____
2. _____
3. _____
4. _____

Comments by the Active(s): Name(s) of Active Commenting _____
USE BACK OF SHEET IF NECESSARY

Associate/Candidate Signature _____

Your Mentor's Name _____

Mentor's Comments: (Mentors; make comments, return to associate so he can hand in to group leader)

DATE RECEIVED ____/____/____ SIGNATURE _____ USE BACK OF SHEET IF NECESSARY

PLEASE TALK TO YOUR MENTOR FREQUENTLY DURING THE SEASON FOR HIS HELP ON YOUR STRENGTHS & WEAKNESSES

