

NAME OF OFFICIAL BEING EVALUATED:

NAME OF EVALUATOR:

DATE:

LEVEL OF GAME:

POSITION WORKED:

1. DID THE OFFICIAL CONTACT THE WHITE HAT PRIOR TO THE GAME: Y OR N

2. WAS THE OFFICIAL ON TIME: Y OR N

3. DID THE OFFICIAL HAVE THE PROPER UNIFORM AND ACCESSORIES: Y OR N

1) WHAT DID THE OFFICIAL BEING EVALUATED DO CORRECTLY:

2) WHAT DOES THE OFFICIAL BEING EVALUATED NEED TO WORK ON: