



# Officiating Skills Assessment Score and Timing

Name: \_\_\_\_\_

League: \_\_\_\_\_

Date: \_\_\_\_\_

Position Assessed:    ☐ Jam Timer                      ☐ Scorekeeper                      ☐ Scoreboard Operator

|  | Beginner                   | Intermediate               | Proficient                 | Advanced                   | Comments                           |
|--|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------------|
| Rules Knowledge and Application  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |                                    |
| Statsbook Completion<br><i>(SK only)</i>   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |                                    |
| Timing<br><i>(JT only)</i>   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |                                    |
| Scoreboard Operation<br><i>(SO only)</i>   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |                                    |
| Hand Signals and Communication   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |                                    |
| Positioning<br><i>(JT Only)</i>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |                                    |
| Feedback   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |                                    |
| Professional Behavior  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |                                    |
| Electronic tracking system use?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    Type: _____ |                            |                            |                            |                            | Scoreboard Program Used? (SO only) |

Assessor: \_\_\_\_\_

League: \_\_\_\_\_

Contact Information: \_\_\_\_\_