POST EVENT EVALUATION FORM
THIS FORM IS TO BE COMPLETED BY THE HEAD COACH OF EACH TEAM UPON COMPLETION OF EACH CONTEST

Name of the event: _____ Date: _____

Please circle/underline all that apply:

Girls Boys 35 second shot clock 16 minute half 18 minute half

Please check appropriate class: AA _____ A _____ B _____

Score: _____ _____ _____ _____
Name of team Score Name of team Score

Length/time of contest: Hours: _____ Minutes: _____

Total number of shot clock violations (both teams): _____

Total number of fouls (both teams): _____

Evaluation of the contest:

1. Did the exemption(s) have an affect on the contest? If so, how?

2. Do you feel the exemptions had a positive impact on the contest?
   YES _____ NO _____

3. If the contest was played in halves, did the game have a better "flow" than a game played in four eight minute quarters?
   YES _____ NO _____ NO NOTICEABLE DIFFERENCE _____

4. Did you notice any difference in the officiating as a result of the exemption(s)?
   YES _____ NO _____
   PLEASE EXPLAIN ANY YES ANSWERS:

_____ _____
Signature of Head Coach School