

NORTHERN SECTION

Evaluation of Game Official(s)

Please return this form to your Officials Assigner. A list of Assigners is listed in the Section Directory.

SCHOOL: _____ **DATE:** _____

In an attempt to assist the Sport Assigner in their required evaluation process, please complete this evaluation form and return to your Assigner within 72 hours of the contest being evaluated. Please feel free to duplicate this form as needed.

Date of Contest: _____ Sport: _____

Home Team: _____ Visiting Team: _____

Officials Name(s):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

	#1	#2	#3	#4	#5
A. Punctuality					
B. Appearance					
C. Pre-Game Organization					
D. Professionalism					
E. Knowledge of Rules					
F. Consistency of Calls					
G. Judgement					
H. Mechanics					
I. Game Control					
J. Fitness/Positioning					
K. Overall Rating					

Excellent = 5 Very Good = 4 Good = 3 Fair = 2 Poor = 1

Please use reverse side for comments.

(Coach/Date)

(Athletic Director/Date)