

OFFICIALS EVALUATION FORM

Game Date:

Official:

Home Team:

Visitor:

Performance Rating Scale: 1= poor, 5= best (check one)

Mechanics	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Comments										
Quality of Calls	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Comments										
Consistency	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Comments										
Game Mngmt.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Comments										
General Comments										

Observer: _____

Date: _____

