

SFL REFEREE EVALUATION FORM

Game Number: _____ Game Date: ___/___/___ Game Time: _____

Home Team: _____ Visiting Team: _____

Game Field: _____ Date Prepared: ___/___/___

Please rate each official on the following items. The following scale is used.

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor 0 = Not Observed

Overall Rating _____

Dress and Appearance

Referee Center _____ Asst. Referee (home side) _____ Asst. Referee (Visitors side) _____

Pre-Game Conduct

Referee Center _____ Asst. Referee (home side) _____ Asst. Referee (Visitors side) _____

Fitness

Referee Center _____ Asst. Referee (home side) _____ Asst. Referee (Visitors side) _____

Attitude

Referee Center _____ Asst. Referee (home side) _____ Asst. Referee (Visitors side) _____

Courage and Consistency

Referee Center _____ Asst. Referee (home side) _____ Asst. Referee (Visitors side) _____

Positioning/Mechanics

Referee Center _____ Asst. Referee (home side) _____ Asst. Referee (Visitors side) _____

Signals

Referee Center _____ Asst. Referee (home side) _____ Asst. Referee (Visitors side) _____

Accuracy of Decisions

Referee Center _____ Asst. Referee (home side) _____ Asst. Referee (Visitors side) _____

Game Control (Referee only)

Referee Center _____

Other Comments _____

Name: _____ Phone: _____-_____-_____