

Coach's Evaluation of Football Officials

Name: _____ School: _____ Game Date: _____

Host: _____ Score: _____ Visitor: _____ Score: _____

Please be objective in providing the following information. Your comments and observations about the game officials are used to assist the NCOA - Sacramento Football Group in evaluating the officiating skills and abilities of our members. Specific comments regarding any area marked as "Unacceptable" is requested.

Please return to:

N.C.O.A. Sacramento Football Group
4978 King Arthur Place
Sacramento, CA 95841

REFEREE: _____

	Acceptable	Unacceptable
Appearance	<input type="checkbox"/>	<input type="checkbox"/>
Physical condition	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the rules	<input type="checkbox"/>	<input type="checkbox"/>
Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Coverage of plays	<input type="checkbox"/>	<input type="checkbox"/>
Handling of players	<input type="checkbox"/>	<input type="checkbox"/>
Game control	<input type="checkbox"/>	<input type="checkbox"/>

Referee overall performance: Acceptable Unacceptable

Comments: _____

UMPIRE: _____

	Acceptable	Unacceptable
Appearance	<input type="checkbox"/>	<input type="checkbox"/>
Physical condition	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the rules	<input type="checkbox"/>	<input type="checkbox"/>
Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Coverage of plays	<input type="checkbox"/>	<input type="checkbox"/>
Handling of players	<input type="checkbox"/>	<input type="checkbox"/>
Game control	<input type="checkbox"/>	<input type="checkbox"/>

Umpire overall performance: Acceptable Unacceptable

Comments: _____

LINESMAN: _____

	Acceptable	Unacceptable
Appearance	<input type="checkbox"/>	<input type="checkbox"/>
Physical condition	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the rules	<input type="checkbox"/>	<input type="checkbox"/>
Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Coverage of plays	<input type="checkbox"/>	<input type="checkbox"/>
Handling of players	<input type="checkbox"/>	<input type="checkbox"/>
Game control	<input type="checkbox"/>	<input type="checkbox"/>

Linesman overall performance: Acceptable Unacceptable

Comments: _____

LINE JUDGE: _____

	Acceptable	Unacceptable
Appearance	<input type="checkbox"/>	<input type="checkbox"/>
Physical condition	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the rules	<input type="checkbox"/>	<input type="checkbox"/>
Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Coverage of plays	<input type="checkbox"/>	<input type="checkbox"/>
Handling of players	<input type="checkbox"/>	<input type="checkbox"/>
Game control	<input type="checkbox"/>	<input type="checkbox"/>

Line Judge overall performance: Acceptable Unacceptable

Comments: _____

BACK JUDGE: _____

	Acceptable	Unacceptable
Appearance	<input type="checkbox"/>	<input type="checkbox"/>
Physical condition	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the rules	<input type="checkbox"/>	<input type="checkbox"/>
Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Coverage of plays	<input type="checkbox"/>	<input type="checkbox"/>
Handling of players	<input type="checkbox"/>	<input type="checkbox"/>
Game control	<input type="checkbox"/>	<input type="checkbox"/>

Back Judge overall performance: Acceptable Unacceptable

Comments: _____
