

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**
5315 4th Street
Rocklin, CA 95677

REFEREE: _____

	Acceptable	Unacceptable	
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	Referee overall performance: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable Comments: _____ _____ _____ _____
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: _____

	Acceptable	Unacceptable	
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	Umpire overall performance: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable Comments: _____ _____ _____ _____
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: _____

	Acceptable	Unacceptable	
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	Linesman overall performance: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable Comments: _____ _____ _____ _____
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: _____

	Acceptable	Unacceptable	
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	Line Judge overall performance: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable Comments: _____ _____ _____ _____
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: _____

	Acceptable	Unacceptable	
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	Back Judge overall performance: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable Comments: _____ _____ _____ _____
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"/>	