



SPORTS OFFICIAL EVALUATION FORM

Sport and Season _____

Name of official _____

Date of Game _____ Time of Game _____

Grade Level _____ Location _____

APPEARANCE:
Personnel/Uniform _____

POOR	FAIR	GOOD	EXCELLENT	OUTSTANDING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDE/PROFESSIONALISM:

Pre Game Duties _____
 Dealing with teams, coaches, spectators _____
 General attitude _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GAME CONTROL:

Handling misconduct _____
 Decisiveness _____
 Recognition & Reaction to Rule Infractions _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL CONDITION:

Mechanics: (see examples below)
 Signals _____
 Movement _____
 Positioning _____
 Coordination w/ Partner _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JUDGEMENT: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

RULES:

Knowledge _____
 Application _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manager, coach, or player completing form _____

COMMENTS:

Please return this form by email to: parksandrecreation@ci.brookfield.wi.us, give to the site supervisor or mail to Brookfield Parks and Recreation, 2000 N. Calhoun Road, Brookfield WI 53005.