MCYFL - Football Officials Evaluation Form

Referee's Name _____

Coaches Name _____

Coaches Email _____ **Coaches Phone #** _____

Town _____ **Game Level** _____

Game Date _____

Evaluate by checking one box	**Poor**	**Fair**	**Good**	**Excellent**
Attitude Towards Players				
Attitude Towards Coaches				
Attitude Towards Spectators				
Impartiality				
Rules Knowledge				
Positioning/Hustle				
Appearance				
Professionalism				

Did the official arrive on time? _____ (Yes or No)

Comments: