

# Clayton County Athletics Referee Evaluation

Official's Name \_\_\_\_\_ Official # \_\_\_\_\_

Located on official's shirt sleeve

Scheduled Game Time \_\_\_\_\_ Date \_\_\_\_\_

Game Location \_\_\_\_\_ Age Division \_\_\_\_\_

Home Team \_\_\_\_\_ Visitor \_\_\_\_\_

Please provide the following information:

Did the Official arrive on time? \_\_\_\_\_yes \_\_\_\_\_no

Did the Official arrive in uniform available to begin? \_\_\_\_\_yes \_\_\_\_\_no

Did the Official appear knowledgeable of the game and CCFL rules? \_\_\_\_\_yes \_\_\_\_\_no

Did the Official retain control of the game? \_\_\_\_\_yes \_\_\_\_\_no

Did the Official display fairness/equity in his calls? \_\_\_\_\_yes \_\_\_\_\_no

Would you recommend this Official for the Play-Offs? \_\_\_\_\_yes \_\_\_\_\_no

Please list any commendations or objections to this Official: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Position/Title \_\_\_\_\_ (manager, coach, team mom or parent)

**This form must be signed and submitted to the Athletic Coordinator to be considered.**