

OMYFA REFEREE EVALUATION FORM

Date _____ Teams _____ at _____

1-Excellent 2-Very Good 3-Good, needs some improvement 4-Fair, please comment on back 5-Poor, must comment on back

Name of Official
And Number # _____ # _____ # _____ # _____

Promptness _____ _____ _____ _____

Appearance _____ _____ _____ _____

FLAG
Hustle

_____ _____ _____ _____

Knowledge of Rules _____ _____ _____ _____

Judgment _____ _____ _____ _____

Communication _____ _____ _____ _____

FRESHMAN
Hustle

_____ _____ _____ _____

Knowledge of Rules _____ _____ _____ _____

Judgment _____ _____ _____ _____

Communication _____ _____ _____ _____

J.V.
Hustle

_____ _____ _____ _____

Knowledge of Rules _____ _____ _____ _____

Judgment _____ _____ _____ _____

Communication _____ _____ _____ _____

VARSITY
Hustle

_____ _____ _____ _____

Knowledge of Rules _____ _____ _____ _____

Judgment _____ _____ _____ _____

Communication _____ _____ _____ _____