

REFEREE and OPPONENT EVALUATION FORM

GENERAL INFORMATION		
Date of Game:	Gymnasium:	
Opponent School:	Grade/Gender:	
REFEREE INFORMATION		
Official #1 Name:	Official #2 Name:	
First time officiating a game for you: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	First time officiating a game for you: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
RATING OF OFFICIALS		
	A – Exceptional B – Satisfactory C – Unacceptable	
Area of Officials Evaluation	Official #1	Official #2
Punctuality – timely arrival prior to the game		
Appearance – properly and professionally attired		
Mechanics – hustle, floor position, hand signals, whistle, voice		
Knowledge of Rules – consistent application of rules and calls		
Courtesy and Control – temperament and restraint		
Comments (use back of form if needed):		
RATING OF OPPOSING TEAM		
	A – Exceptional B – Satisfactory C – Unacceptable	
Area of Opponent Evaluation	Opposing Coaches	Opposing Team Bench
Sportsmanship – decorum, attitude and courtesy		
Playing Time – substitutions and playing time per DBA rules		
Comments (use back of form if needed):		
EVALUATOR NAME AND SIGNATURE		
I certify that all of the information contained in this form is true and accurate to the best of my knowledge.		
Print Name _____ Signature _____ Date _____		