

SUDBURY DISTRICT SECONDARY SCHOOLS ATHLETIC ASSOCIATION
COACH\SCHOOL REPORT ON GAME OFFICIALS

SPORT _____ GAME # _____ DATE OF GAME _____

Please circle the appropriate number (See legend below).

	Referee	Referee	Minor Official
Name _____	_____	_____	_____
Appearance-physical condition	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Preparation and readiness	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Rule knowledge/application	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Position/coverage/signals	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Manner	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Consistency of judgement	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Communication with athlete/coach	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Control of violence/ unacceptable behaviour	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Overall performance	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

- Legend:
- 5 - Superior
 - 4 - Very Good
 - 3 - Average
 - 2 - Unsatisfactory
 - 1 - Inferior

REMARKS (use additional pages where necessary)

Mail, fax or email this report to the Athletic Administrator's office immediately to 45 Spruce Street, Garson, ON, P3L 1P8. The fax number is 675-0216. Email address is: makelad@rainbowschools.ca

Submitted by _____ School _____