SELF-EVALUATION FORM

.ote: This form is to be used by each official on our crew to review and evaluate his performance of each game. The form should be completed as soon as possible after each assignment.)

GAME: _____ VS _____ DATE: / /
Visitor Home

TECHNICAL ADVISOR: _____

RATING SYSTEM: Outstanding = 7 Average = 3,4 Bad = 1
Good = 5,6 Poor = 2 Unacceptable = 0

RATING:

1. APPEARANCE/PHYSICAL CONDITION: Did I prepare this week through daily study and physical exercise? ( )
2. POSITION/COVERAGE/MOVEMENT: How were my mechanics during each play? ( )
3. CONSISTENCY/COMMON SENSE/JUDGEMENT: Did I make proper decisions concerning violations of the rules of the game? x2( )
4. POISE/DECISIVENESS/GAME CONTROL: What was my reaction to "pressure conditions"? How was my "self control"? ( )
5. RELATIONSHIP WITH COACH/PLAYERS/OTHERS ( )
6. ALERTNESS: Was I aware of game conditions ie:down-distance-time? ( )
7. KNOWLEDGE OF SPOTS OF ENFORCEMENT: Was I aware of <u>every</u> foul and its proper enforcement? ( )
8. CONCENTRATION DURING GAME: Did I stay "focused", was I really "in" every play for the entire game? ( )

SUMMARY COMMENTS:

A. What did I do well today: _____

_____

B. What do I want to work on: _____

_____