SIOUX EMPIRE OFFICIALS FOOTBALL CLINIC EVALUATION FORM

Officials Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Exp.\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_ Evaluator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation Criteria Poor Fair Average Good Superior

Communication 1 2 3 4 5

Positioning/Mechanics 1 2 3 4 5

Field Presence 1 2 3 4 5

Comments: