OFFICIAL'S EVALUATION FORM

Cary Parks, Recreation and Cultural Resources

Please take a moment to give us an objective evaluation of the officials who worked your game. Your input is appreciated.

1.	Your Name:						
2.	Sport Team name: (option	Team name: (optional)		League			
3.	How many years has your team played in a Town of Cary league?						
4.	Relationship to team: (Circle One) Head Coach Assistant Coach Player	Parent	Spect	Spectator		Commissioner	
5.	Game Date:	Score:					
	Opponent: Who won:_						
6.	Were both officials present and ready to begin at	game time? (Circ	cle One)	Yes	No		
7.	If one or both were late, at what time did they arr	ive?					
8.	Rate the following on a 1 - 5 scale. 1 = Poor, 2 = Below Average, 3 = Average, 4 = Above Average, 5 = Excellent						
	Rule Knowledge		1		3	4	5
	Application of rules (i.e., called too tight, not t	ight enough)		2		4	5
	Reaction under pressure		1	2	3	4	5
	Referee/Umpire Consistency		1	2	3	4	5
	Game Control		1	2	3	4	5
	Hustle (covered the court/field)		1	2	3	4	5
	Alertness, interest in the game		1	2	3	4	5
	Attitude toward participants		1	2	3	4	5
	Professionalism		1	2	3	4	5
	Teamwork with partner		1	2	3	4	5
	Overall Performance		1	2	3	4	5
•	our evaluation is only for one official, please identi	fy (plate or field)	:				

Please email completed form to sports@carync.gov