



20 East Cherry Street, Hicksville, NY 11801
516-433-1145 Fax 516-433-1238

EVALUATION/RATING OF CYO OFFICIALS (Return to CYO office)

Submitted by: (Coach) _____

Date of Contest: _____

Home Team: _____ Visiting Team: _____

Grade: _____

Official's Name: _____

Confirmed Game: ___ YES ___ NO ___

**Rating Scale: Below Average 1-2-3; Average 4-5-6-; Above Average 7-8-9;
Superior 10**

Punctuality: _____

Attire: _____

Consistency of calls, procedures & Interpretations: _____

Communication with signals: _____

Firmness of decisions: _____

Additional Comments: _____
