

Observation Form

Game Date: _____ Game: _____ @ _____ Observer: _____
 Final Score: Home _____ Visitor _____ Overtime: Yes _____ No _____

Officials: Referee _____ Umpire 1 _____ Umpire 2 _____
 Rating of Game Worked: (Circle One) Excellent Average Difficult
 Rating of Crew: (Circle One) Good Satisfactory Substandard

<u>Personal Observations</u>	<u>Referee</u>	<u>Umpire 1</u>	<u>Umpire 2</u>
Last Name:	_____	_____	_____

Please Note Rating System: (4) = Excellent (3) = Good (2) = Satisfactory (1) = Needs Improvement

A: APPEARANCE AND MANNER (ON TIME)

- | | | | |
|--|-------|-------|-------|
| 1. Pre-Game Duties on Floor | _____ | _____ | _____ |
| 2. Appearance and Physical Condition | _____ | _____ | _____ |
| 3. General Attitude, Professionalism and Temperament | _____ | _____ | _____ |
| 4. Pre-Game Floor Demeanor and Opening Toss Position | _____ | _____ | _____ |
| 5. Time Out Positions | _____ | _____ | _____ |

B: MECHANICS AND RULE ENFORCEMENT

- | | | | |
|--|-------|-------|-------|
| 1. Application and Knowledge of Rules | _____ | _____ | _____ |
| 2. 30/35 Shot Clock Application | _____ | _____ | _____ |
| 3. Voice and Whistle | _____ | _____ | _____ |
| 4. Signals (Clear, Concise, Confident) | _____ | _____ | _____ |
| 5. Hustle and Alertness | _____ | _____ | _____ |
| 6. Positioning | _____ | _____ | _____ |
| 7. Reaction | _____ | _____ | _____ |
| 8. Judgment | _____ | _____ | _____ |
| 9. Consistency | _____ | _____ | _____ |
| 10. Reaction and Poise Under Pressure | _____ | _____ | _____ |

C: GAME, BENCH AND CROWD CONTROL

- | | | | |
|--|-------|-------|-------|
| 1. Control of Players, Fans and Cheerleaders | _____ | _____ | _____ |
| 2. Control of Coach and Bench Personnel | _____ | _____ | _____ |
| 3. Charge/Block Calls (Principle of Verticality) | _____ | _____ | _____ |
| 4. Goal Tending/Basket Interference | _____ | _____ | _____ |
| 5. Control of Post Play, Pivot and Lane Area | _____ | _____ | _____ |
| 6. Illegal Use of Hands and Bodies | _____ | _____ | _____ |
| 7. Violations | _____ | _____ | _____ |
| 8. Screening (Legal/Illegal) On the Ball | _____ | _____ | _____ |
| 9. Screening (Legal/Illegal) Off the Ball | _____ | _____ | _____ |
| 10. Floor Coverage | _____ | _____ | _____ |
| 11. Foul Consistency | _____ | _____ | _____ |
| 12. Rotation and Cooperation with Partners | _____ | _____ | _____ |

Total _____

Comments on all Technical Fouls, any decisions which may lead to complaints from coaches and/or any unusual play situations.

MAKE INDIVIDUAL COMMENTS:

Referee:

Umpire 1:

Umpire 2:

**Please mail or fax within 2 days following the game To: Owen J. Hannah
318 Elm Court
Middletown PA 17057
Fax 928-222-6130**

Submitted by: _____ (Print)