



FIELD SUPERVISOR WEEKLY SCORES REPORT

DATE:

_FIELD:

SUPERVISORS AND TIMES ON DUTY:

TIME	HOME TEAM	FINAL SCORE	COACH INITIAL	GUEST TEAM	FINAL SCORE	COACH INITIAL	REF INITIAL

Referee Names:

1. PRINTED NAME

SIGNATURE

2. PRINTED NAME

SIGNATURE

3. PRINTED NAME

SIGNATURE

4. PRINTED NAME

SIGNATURE

Coaches Evaluation: Please rate 1-5

	How was the Officials overall attitude during the game?		How was the Officials overall communication during the game?		Were the Officials open to communication/criticism?		Anything that occurred that requires follow up? (Y/N)	
Game	HOME AWAY		HOME AWAY		HOME AWAY		HOME AWAY	
1								
2								
3								
4								
5								
6								
7								

Officials Evaluation: Please rate 1-5

	How was the coach's attitude during the game?		How was the coach's communication during the game?		Did the coach AND their sideline exhibit good behavior?		Was the coach open to criticism?		Anything that required follow up (y/n)?	
Game	HOME AWAY		HOME AWAY		HOME AWAY		HOME AWAY		HOME AWAY	
1										
2										
3										
4										
5										
6										
7										

