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IOWA COMMUNITY COLLEGE ATHLETIC CONFERENCE FOOTBALL OFFICIALS EVALUATION FORM

DATE: _____
HOST SITE: _____
HOME TEAM: _____
VISITING TEAM: _____

RATING OF INDIVIDUAL OFFICIALS:

REF: White hat, behind offense **UMP:** Behind defensive line, middle **LINESMAN:** Scrimmage line with chains
LJ: Scrimmage line opposite chains **BJ:** Chain side, 20 yds. Downfield **FJ:** Opposite chains, 20 yds. Downfield

Excellent (5) Good (4) Satisfactory (3) Fair (2) Poor (1)

REFEREE: _____	RATING: _____
UMPIRE: _____	RATING: _____
LINESMEN: _____	RATING: _____
LINE JUDGE: _____	RATING: _____
BACK JUDGE: _____	RATING: _____
FIELD JUDGE: _____	RATING: _____

OVERALL CREW RATING: _____

Please write, on reverse side, comments on any official you have graded below satisfactory.

COACH'S SIGNATURE: _____
INSTITUTION: _____
DATE: _____

Please fax it to Nick May at 515.292.3254 or e-mail it to info@iccac.org