

# SDHSAA Football Observer's Report

Date of Game Observed: \_\_\_\_\_ Home: \_\_\_\_\_ Visitor: \_\_\_\_\_

Observer: \_\_\_\_\_

Method of Communication with Official (within 48 hours):      Post-Game      Phone      Email

*Officials Rating System*

1 = Excellent    2 = Good    3 = Average    4 = Fair    5 = Poor    N/A = not applicable/not observed

Official's Name: \_\_\_\_\_ Official's Position: \_\_\_\_\_

Appearance .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Pregame Duties (On Field) .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Initial Position Start of Play .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Reaction (Read) on Pass/Run Plays .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Goalline Coverage .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Coverage – Scrimmage Kicks .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Coverage – Kickoffs .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Accuracy of Flag Placement .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Proper Use of Flag .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Use of Whistle .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Use of Bean Bag .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Control of Sidelines .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Control of Players .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Use of Common Sense .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Use of NFHS Signals .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Rules Knowledge .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Reaction Under Pressure .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Decisiveness .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Hustle .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Focus/Reaction Under Pressure/Poise .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A
Fraternization .....	__ 1	__ 2	__ 3	__ 4	__ 5	__ N/A

**\*\*\*RATINGS OF 4 OR 5 MUST INCLUDE COMMENTS\*\*\***

### Additional Game Information

- |  |        |         |
|--|--------|---------|
| Any unsportsmanship fouls on players?          | ___ NO | ___ YES |
| Any players ejected from the game?             | ___ NO | ___ YES |
| Any players ejected for fighting?              | ___ NO | ___ YES |
| Any unsportsmanship penalty called on coaches? | ___ NO | ___ YES |

**Comments:**

**Positive Aspects Observed**

**Areas of (possible) Improvement**

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**Positive Aspects Observed**

**Areas of (possible) Improvement**

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