

COACHES FEEDBACK FORM

(To be completed by Varsity Coaches for consideration of Post Season Assignments)

School \_\_\_\_\_

Athletic Director \_\_\_\_\_

Coach \_\_\_\_\_

Sport \_\_\_\_\_

Gender \_\_\_\_\_

**Directions:** From the list of officials provided place all officials in one of 4 categories. There is no minimum or maximum number of officials for any category.

**Tier 1:** These officials are capable of handling any level sectional contests:

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Tier 2:** These officials are capable of handling sectional contests on a limited basis:

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Tier 3:** These officials need more experience in order to handle limited sectional contest

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Tier 4:** These officials are not eligible to work sectional contests at our School District (i.e. coach or teacher in that specific school system, parent or sibling of a player in that school's sport specific program)

_____	_____	_____
_____	_____	_____
_____	_____	_____

**This form must be signed by both Coach and Athletic Director then returned to the Section VII Chairperson seven (7) days prior to the first scheduled sectional contest. Sectional assignments will be determined by a committee involving section and official representatives.**

Coach \_\_\_\_\_

Athletic Director \_\_\_\_\_