

ASSESSMENT OF REFEREE

Name: _____ Date: _____

Home Team: _____ Visitor Team: _____

Division: A B C D _____ Time: _____ Field: _____

OVERALL PERFORMANCE: (CIRCLE ONE)

OUTSTANDING	GOOD	AVERAGE	FAIR	POOR
5	4	3	2	1

SPECIFIC DETAILS: (CIRCLE ONE FOR EACH CATEGORY)

Dress and Appearance:	5	4	3	2	1
Pregame Organization:	5	4	3	2	1
Fitness:	5	4	3	2	1
Attitude Towards Players and Other Officials:	5	4	3	2	1
Positioning and Mechanics:	5	4	3	2	1
Game Control:	5	4	3	2	1
Signals:	5	4	3	2	1
Accuracy of Decisions:	5	4	3	2	1
Use of Advantage:	5	4	3	2	1

FOR THE REFEREE: WAS THE GAME (CIRCLE ONE)

DIFFICULT	AVERAGE	EASY
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CAUTIONS: Home Team: _____
 Visitor Team: _____

SEND-OFFS: Home Team: _____
 Visitor Team: _____

Comments: _____
