

Tucson Metro Soccer League Referee Evaluation Form

Your Name:	Telephone:
Team's Name:	Opponent:
Date:	Time: Field:

Pre-Game Information

Was the Referee on time?	Yes	No
Were the Asst. Referees on time?	Yes	No
Did the Officials check passes?	Yes	No
Did the Officials check equipment?	Yes	No
Did game start on time?	Yes	No

Please rate each official below, using a scale of 1 – 5 (5 being excellent and 1 being poor)

Referee Name (if known):

Courtesy, attitude	1	2	3	4	5
Prompt, firm decisions	1	2	3	4	5
Signals clearly indicated	1	2	3	4	5
Consistency	1	2	3	4	5
Foul Recognition	1	2	3	4	5
Game Control	1	2	3	4	5
Knowledge of Laws	1	2	3	4	5
Kept up with play	1	2	3	4	5
Appropriate use of advantage	1	2	3	4	5

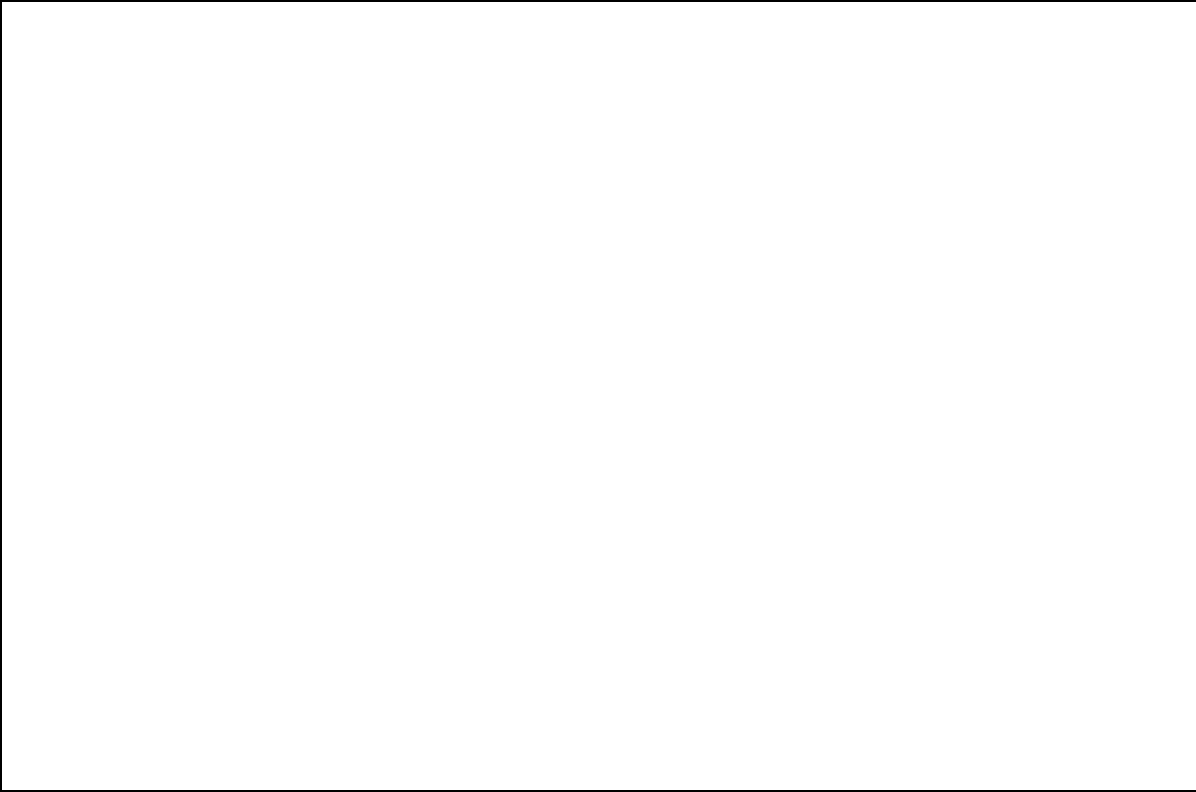
AR1 Name (if known):

Recognized/interpreted offside	1	2	3	4	5
Prompt, firm decisions/signals	1	2	3	4	5
Correct positioning	1	2	3	4	5

AR2 Name (if known):

Recognized/interpreted offside	1	2	3	4	5
Prompt, firm decisions/signals	1	2	3	4	5
Correct positioning	1	2	3	4	5

Additional information may be included in the box on the next page. However, please keep your comments constructive:



This form can be filled in online using Adobe Acrobat reader. After completing, print it and mail to the address below or fax it to 797-1901.

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