Tucson Metro Soccer League

Referee Evaluation Form

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| --- | --- | --- |
| **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)**

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| --- |
| **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**

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| --- |
| **AR1 Name (if known):** |

# Recognized/interpreted offiside 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 offiside 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:**

|  |
| --- |
| **Additional Comments:** |

This form can be filled in using your tab key to move from field to field (The Additional Comments section will expand automatically as you type).

This form can be saved as either a Word document or as a PDF and then attached to an email sent to [r.barton1@comcast.net](mailto:r.barton1@comcast.net) .

A scanned image or a CLEAR, LEGIBLE picture attachment is also acceptable.