

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	<input type="checkbox"/>	No	<input type="checkbox"/>
Were the Asst. Referees on time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did the Officials check passes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did the Officials check equipment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did game start on time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Prompt, firm decisions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Signals clearly indicated	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Consistency	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Foul Recognition	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Game Control	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Knowledge of Laws	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Kept up with play	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Appropriate use of advantage	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

AR1 Name (if known):

Recognized/interpreted offside	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Prompt, firm decisions/signals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Correct positioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

AR2 Name (if known):

Recognized/interpreted offside	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Prompt, firm decisions/signals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Correct positioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

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 .

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