

Referee Evaluation Form

Referee Name (if known): _____

Field: _____ Date: _____

Home Team: _____ Away Team: _____

Division _____ Boys or Girls: _____

Rate the following of the referee - 1 to 5, with 5 being the highest (mark with an "X")

	5	4	3	2	1	N/A
Appearance (in proper uniform, dressed neatly)						
Knowledge of the Laws of the Game						
Mechanics (positioning, signals)						
Consistency of calls						
Confidence (clarity of calls)						
Control of the match						
Fitness						
Foul recognition (apply Laws of the Game based on level of competition)						

Comments:

Your name: _____

Please send this evaluation form within 24 hours to: davidwahl@comcast.net