

Triad Elite Soccer Club Referee Evaluation Form

To be completed by the Coach or Asst. Please provide constructive comments following each game. Your information will be used solely for improving referee/team communications and competence.

Your Name: Yrs Coaching:

Division: Coaching Classification:

Certified Referee YES NO Class:

Your Team: Location:

Game Date: Game Time: (24 hour clock)

Please enter Referees full name if known (FirstName LastName). If unknown, enter 'Other'

Referee: Assistant Referee 1:

Assistant Referee 2:

PROFESSIONALISM

UNACCEPTABLE (1) MARGINAL(2) SATISFACTORY(3) VERY GOOD(4) EXCELLENT(5) MARK:

Was referee ready to start on time? YES NO

Was the referee properly attired? YES NO

Was the referee approachable? YES NO

Did the referee cooperate with the assistant? YES NO

MOVEMENT

UNACCEPTABLE (1) MARGINAL(2) SATISFACTORY(3) VERY GOOD(4) EXCELLENT(5) MARK:

Did the referee keep up with play most of the time? YES NO

Was the referee in position to deal with trouble spots? YES NO

SIGNALS

UNACCEPTABLE (1) MARGINAL(2) SATISFACTORY(3) VERY
GOOD(4) EXCELLENT(5) MARK:

Were the referee arm signals clear? YES NO

Did the referee have a strong whistle? YES NO

Did the referee communicate effectively with
players? YES NO

CONTROL

UNACCEPTABLE (1) MARGINAL(2) SATISFACTORY(3) VERY
GOOD(4) EXCELLENT(5) MARK:

Were the referee's calls consistent? YES NO

Was the referee able to handle difficult situations? YES NO

Was the referee able to handle this level of
competition? YES NO

CONSTRUCTIVE COMMENTS:

Submit