Referee Evaluation Form for Coaches

Coach Name:_____ **Game Date**:_____ **Time:** _____ **Ref#:**___

Age Division: (circle) **U6: (4-5) U8: (6-7) U11: (8-10) U14: (11-13) U17: (14-16)**

REFEREE EVALUATION (circle your selections)

A. Pre-Game: Timelines and pre-game inspection

1	2	3	4	5
marginal	**needs improvement**	**average**	**good**	**outstanding**

Comments:

B. Appearance and Preparation: Proper dress, full equipment

1	2	3	4	5
marginal	**needs improvement**	**average**	**good**	**outstanding**

Comments:

C. Game Conduct:

-Knowledge of the game and rules of soccer
-Hesitant or inconsistent in calling fouls
-Clear communication of fouls, goal kicks, corner kicks
-Positioned well to observe the game

1	2	3	4	5
marginal	**needs improvement**	**average**	**good**	**outstanding**

Comments:

D. Overall Rating: How would you rate this official overall?

1	2	3	4	5
marginal	**needs improvement**	**average**	**good**	**outstanding**

Comments:

Please submit this form through your Commissioner, club mail or club e-mail.

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