DUNCANVILLE SOCCER ASSOCIATION

Coaches' Referee/Assistant Referee Evaluation

DATE OF MATCH:_____ GAME #_____TIME OF DAY: _____
COACH: _____ FIELD _____
CENTER REFEREE: _____
ASSISTANT 1: _____ ASSISTANT 2: _____

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1. Did the referee/assistant referees arrive on time and did the game start on time? YES___ NO___ Did they arrive as a team? YES___ NO___
Comments? _____

2. Were the referee/assistants professional in their duties?
YES___NO___ Comments? _____

3. Were the referee/assistants prepared for the match?
YES___ NO___ Comments? _____

4. Did the center referee maintain adequate control of the game?
YES___ NO___ Comments? _____

5. Were the center referee's calls impartial and consistent throughout the game? YES___ NO___ Comments?_____

6. Did the center referee/assistants work well as a team?
YES___ NO___ Comments? _____

7. Please rate each referee assigned to this match. (Circle rating - 5 being the best)

A. Center Referee 1 2 3 4 5
Comments?_____

B. Assistant Referee (1) 1 2 3 4 5
Comments?_____

C. Assistant Referee (2) 1 2 3 4 5
Comments?_____

Coach's signature: _____ Today's Date_____

NOTE: Please include any additional information you would like to report on the back of this form and leave it at the concession stand in the top drawer. Thank you!