



REFEREE EVALUATION FORM

Game Date: _____ Your Team Name: _____

Game Location: _____ Age Group/ Gender: _____

Your Name and Phone Number: _____

REFEREE'S PERFORMANCE (check appropriate box)

	Excellent	Very Good	Good	Fair	Poor
1. Dress and appearance					
2. Pre-game organization					
3. Fitness					
4. Ability to gain respect through Performance and personality					
5. Game control					
6. Communicates well with players					
7. Fairness and impartiality					
OVERALL PERFORMANCE					

For any referee, was the game (please circle): **DIFFICULT** **AVERAGE** **EASY**

POSITIVE OBSERVATIONS:

CONSTRUCTIVE CRITICISM:

RECOMMENDATIONS:

Are you a (Please circle most appropriate) **Coach** / **Parent** / **Player** / **Other**

Please use back of form if necessary