

REFEREE EVALUATION

Referee Name: _____

Person doing this evaluation: _____

Team Name: _____ **Division:** _____ **Date of game:** _____

Home Team: _____ **Score:** _____

Visiting Team: _____ **Score:** _____

Field Conditions: _____

Did Referee check passes: Yes or No

Did Referee check roster: Yes or No

Was referee on time: Yes or No

Was game started on time: Yes or No

If game was not started on time, why? _____

Scale: Excellent 10-9 Very good: 8-7 Average: 6-5 Fair: 4-3 Poor: 2-1
*** Ratings of a 4 or below, please comment*

Game control (Players and spectators): _____

Impartiality toward teams: _____

Consistency of calls: _____

Onfield positioning: _____

Clarity of calls: _____

Approachable: _____

Overall judgement: _____

Yellow cards: Name	Team	Pass No.	Misconduct

Red cards: Name	Team	Pass No.	Misconduct

Serious Injuries: Name	Team	Pass No.	Nature of Injury

Please mail completed form to:
Jim Lackner, 147-55A Lake Shore Road, Ronkonkoma, NY 11779

Or e-mail completed form to:
JimLackner@yahoo.com