



# REFEREE FEEDBACK FORM

Person Completing Feedback Form: \_\_\_\_\_

Date of Game: \_\_\_\_\_

Game Location: \_\_\_\_\_

Game Start Time: \_\_\_\_\_

Game Type: \_\_\_\_\_

Level or Age Group: \_\_\_\_\_

Name of Home Team: \_\_\_\_\_

Home Score: \_\_\_\_\_

Name of Visiting Team: \_\_\_\_\_

Visitor Score: \_\_\_\_\_

Referee or Linesman #1 Name: \_\_\_\_\_

Referee or Linesman #2 Name: \_\_\_\_\_

Linesman #3 Name: \_\_\_\_\_

1. Was the Official on time at the start of the Game?  Yes  No

For the questions with a rating of 1 to 5: 1 means Slow/Not at All and 5 means Excellent/Quick

2. Was the Official Helpful to players on the ice? 1 2 3 4 5

3. Was the Official Respectful to players on the ice? 1 2 3 4 5

4. Did the Official get the play started in a timely fashion between whistles? 1 2 3 4 5

5. Did the Official get the play started in a timely following goals? 1 2 3 4 5

6. Did the official hustle to remain in proper position during the play? 1 2 3 4 5

7. Did the official appear confident or reluctant to make penalty calls?  Confident  Reluctant

8. Did the Official appear confident or reluctant to call off sides/icing?  Confident  Reluctant

9. Was the opposing coach respectful of the referees?  Yes  No

Comments: