

REFEREE EVALUATION

LEAGUE: _____

Date of Game: _____ Home: _____ Visitor: _____

Field: _____ Time of Kick-Off _____

Referee _____

Assistant Referees (1) _____ (2) _____

Please indicate your impression of the Referee's performance on the following factors: (*circle one*)

GAME CONTROL: (Dealing with fouls and misconduct: ensuring the game was played in a fair manner)

| | | | | |
|---------------------|-----------|-------------------|-----------|----------------|
| Unsatisfactory 1 | Fair 2 | Satisfactory 3 | Good 4 | Excellent 5 |
|---------------------|-----------|-------------------|-----------|----------------|

FITNESS: (Keeping up with the play and stamina)

| | | | | |
|---------------------|-----------|-------------------|-----------|----------------|
| Unsatisfactory 1 | Fair 2 | Satisfactory 3 | Good 4 | Excellent 5 |
|---------------------|-----------|-------------------|-----------|----------------|

DUTIES: (Checking pitch; player's equipment; I.D.; arriving on time)

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|---------------------|-----------|-------------------|-----------|----------------|
| Unsatisfactory 1 | Fair 2 | Satisfactory 3 | Good 4 | Excellent 5 |
|---------------------|-----------|-------------------|-----------|----------------|

Please provide constructive feedback to help develop this Referee's performance:

Was the game: (Check One) Easy Average Hard
Did your team: (Check One) Win Lose Tie

Coaches comments/game highlights: (use back of form if necessary)

Head Coach (Team) _____ Signature _____

Fax form to 250 545-4868; Email to noysa@telus.net; Drop off at the soccer office located in the VantageOne Indoor Facility or in the green metal box at the back of the indoor