ArizonaSoccerEvents

Arizona's one stop tournament resource

REFEREE EVALUATION FORM

Tournament: _____

Referee Name: (if known):_____

Home Team: _____**vs. Visiting Team:** _____ **Score:** _____

Age group: U_____ **Boys or Girls- Field:** _____ **Time of Game:** _____

Rate the following characteristics of the referee 1 to 10 with 10 being the highest. Add comments in the comments section. If unobserved use N/A.

	10	9	8	7	6	5	4	3	2	1	N/A
Appearance (Was he/she in proper uniform?)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
Knowledge of Laws (does he/she understand rules)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
Mechanics (proper position on field, flag signals etc)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
Poise (does he/she control game w/ease)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
Judgment (does he/she exercise fair/unbiased)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
Courage (does he/she confidently take charge)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
Control (does he/she effortlessly control game)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
Fitness (does he/she appear to be physically fit)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
Foul Recognition (apply laws of game based on level of competition)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

COMMENTS (positive or negative):

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Coaches Name: _____**Phone:**_____

Coaches E-mail_____**Fax:**_____

Coaches Soccer Experience: (license held, etc) _____

Send Completed Form to: refqueen@cox.net