

Game Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Team \_\_\_\_\_ Team \_\_\_\_\_ Score: \_\_\_\_ - \_\_\_\_

Referee: \_\_\_\_\_

Assistant Referee One (AR1: Bench Side): \_\_\_\_\_

Assistant Referee Two (AR2: Fan Side): \_\_\_\_\_

*\*Rating Scale: 1 is lowest, 5 is highest*

- |  |           |           |   |   |   |     |
|--|-----------|-----------|---|---|---|-----|
| 1. Was the referee able to keep pace with the game?                      | 1         | 2         | 3 | 4 | 5 |     |
| 2. Were the referee's calls clear and decisive?                          | 1         | 2         | 3 | 4 | 5 |     |
| 3. Did the referee's game management keep your players safe?             | 1         | 2         | 3 | 4 | 5 |     |
| 4. Did the referee make proper use of his/her Assistant referees?        | 1         | 2         | 3 | 4 | 5 |     |
| 5. Did AR1 keep up with the play?(e.g. off side, questionable goal)      | 1         | 2         | 3 | 4 | 5 | N/A |
| 6. Did AR2 keep up with the play?(e.g. off side, questionable goal)      | 1         | 2         | 3 | 4 | 5 | N/A |
| 7. Did AR1 assist the referee with calls? (e.g. retaliation behind play) | 1         | 2         | 3 | 4 | 5 | N/A |
| 8. Did AR2 assist the referee with calls? (e.g. retaliation behind play) | 1         | 2         | 3 | 4 | 5 | N/A |
| 9. Did the referee check player cards properly?                          | 1         | 2         | 3 | 4 | 5 |     |
| 10. Would you like to have this Referee again? _____                     | AR1 _____ | AR2 _____ |   |   |   |     |

Comments: \_\_\_\_\_

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Coach's Name: \_\_\_\_\_ DOC Contact: \_\_\_\_\_

Coach's Team: \_\_\_\_\_

\*if name is not added here, this evaluation will be discarded.