

EMAIL COMPLETED FORMS TO THE PRESIDENT OF YOUR HOME ASSOCIATION!!!!

AGREEMENTS

You must agree to the following statements. Please read each one carefully as they are here for very good reason.

- The Referee Evaluation is to be taken seriously, without bias, and regardless of game result. You are encouraged to wait 24 hours after a game before completing this form. This protects all parties from embarrassment, but it also helps cool emotions and thoughts that may have transpired from the game or the way the game was called.
- Any evaluation submitted without fair criticism or insight will not be accepted. Evaluation forms containing extreme language and/or hollow remarks will be disregarded as well. The evaluations will be used to help analyze official's performance.
- As part of our continual improvement of the league, we would like for you to take a chance to evaluate the quality of our referees. We understand that there will be times when you do not agree with the referee, and we hope that you can use this form as a way to relay your frustrations & compliments to us about their level of skills.

CONTACT INFORMATION - Please complete ALL blanks

Please give us your contact information so the Age Group Commissioner and Referee / Field Assignors can contact you if needed.

Last Name: _____ **First Name:** _____

E-mail Address: _____

Phone Number: _____

Are you a current certified referee? YES NO

Reason for being at this match:

- I am a spectator with the home team.
- I am a spectator with the visiting team.
- I am a Board Member/Field Marshall with no relationship to either team.
- I am a coach with the home team.
- I am a coach with the visiting team.
- Other: _____

GAME INFORMATION - Please complete ALL blanks

Please give us more information about the game so we can associate the game with the referees assigned to it.

Game Date: / /
 MM DD YY

Game Time: : AM/PM

Age Group: _____

Division: _____

Team Gender: Boys Girls Coed

Game Number: _____

Game Location: _____

Home Team Name: _____

Home Team Score: _____

Away Team: _____

Away Team Score: _____

ASSISTANT REFEREE HOME TEAM SIDELINE EVALUATION - Please complete ALL blanks

Please evaluate the Assistant Referee located at the home team sideline in the following areas, evaluations should nominally include positive and negative attributes.

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Inadequate</i>
<i>Appearance</i>					
<i>Used Proper Signals</i>					
<i>Offside Judgement</i>					
<i>Overall Performance</i>					

ASSISTANT REFEREE AWAY TEAM SIDELINE EVALUATION - Please complete ALL blanks

Please evaluate the Assistant Referee located at the away team sideline in the following areas, evaluations should nominally include positive and negative attributes.

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Inadequate</i>
<i>Appearance</i>					
<i>Used Proper Signals</i>					
<i>Offside Judgement</i>					
<i>Overall Performance</i>					

REFEREE EVALUATION - Please complete ALL blanks

Please evaluate the Referee in the following areas, evaluations should nominally include positive and negative attributes.

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Inadequate</i>
<i>Appearance</i>					
<i>Started Game on Time</i>					
<i>Used Proper Signals</i>					
<i>Interaction with Players</i>					
<i>Interaction with Coaches</i>					
<i>Game Control</i>					
<i>Proper Positioning</i>					
<i>Quality of Judgement</i>					
<i>Proper Interaction with Assistant Referees</i>					
<i>Knowledge of Laws</i>					
<i>Overall Performance</i>					

REFEREE EVALUATION - Please complete ALL blanks

Please evaluate the Referee in the following areas, evaluations should nominally include positive and negative attributes.

We continuously strive to improve the officiating of our games. Please let us know what you liked, what we could improve upon, how we did overall, or any additional comments.

League officials may contact you for more information or to clarify your input on this form. We will not disclose your information to our referees. We will also not disclose any action taken or not taken in relation to this evaluation.

Thank you for filling out this form.

Signature: _____

Date: _____