



Region 7 Referee Evaluation Form

Please email completed form to: **rateyourref@gmail.com**

Game Date: _____ Referee: _____

Field: _____ Division: _____

Home: _____ Visitor: _____ (circle your team)

Final Score: _____

Did the Referee arrive at least 15 min prior to the scheduled game time? Y N

Were Assistant Referees present? Y N

Evaluation:

Please rate the referee as to the following:

	Excellent	Good	Average	Fair	Poor
Knowledge and application of the Laws	_____	_____	_____	_____	_____
Foul Recognition	_____	_____	_____	_____	_____
Consistency of calls	_____	_____	_____	_____	_____
Control of the match	_____	_____	_____	_____	_____
Positioning during play	_____	_____	_____	_____	_____
Clarity of calls and signals	_____	_____	_____	_____	_____
Level of competition	_____	_____	_____	_____	_____
Sportsmanship of players	_____	_____	_____	_____	_____
Sportsmanship of coaches	_____	_____	_____	_____	_____
Sportsmanship of spectators	_____	_____	_____	_____	_____

Submitted by _____