

# Referee Evaluation Form

Game Number  
Game Date  
Age Group and Division

Home Team  
Away Team

Center Referee's Name  
Assistant Referee #1's Name  
Assistant Referee #2's Name

EVALUATION: Scale of 1 (worst) to 5 (best)      REF      AR1      AR2

Dress/Appearance			
Knowledge/Application of Laws			
Control of the Game			
Cooperation with Assistant Referees		N/A	N/A
Cooperation with Center Referee	N/A		
Personality/Performance			
Fairness and Impartiality			
Physical Fitness			

OTHER COMMENTS:

Person Evaluating