ARYSL
EVALUATION OF GAME OFFICIALS

GAME INFORMATION:

DATE_____ HOME TEAM_____ VISITING TEAM _____
FIELD LOCATION _____
G/B U-_____ FINAL SCORE: (H) _____ (V) _____

REFEREE _____(YOUTH/ADULT)
AR1 _____(YOUTH/ADULT)
AR2 _____(YOUTH/ADULT)

NAME and PHONE # of PERSON FILING THIS REPORT: _____

_____

REFEREE ASSESSMENT

Criteria	EX	VG	G	F	P
1. Punctuality/Dress and Appearance	5	4	3	2	1
2. Pre-game Inspection of Field & Equipment	5	4	3	2	1
3. Fitness/Stamina/Field Coverage (positioning)	5	4	3	2	1
4. Consistency/Judgment(fouls,offside,DFK,IFK)	5	4	3	2	1
5. Fairness/ Impartiality	5	4	3	2	1
6. Game Control	5	4	3	2	1
7. Cooperation with Assistant Referees	5	4	3	2	1
8. Ability to gain respect through performance/ personality	5	4	3	2	1
9. Maintain Composure/Attitude	5	4	3	2	1

OVERALL RATING

Referee	5	4	3	2	1
AR1	5	4	3	2	1
AR2	5	4	3	2	1

COMMENTS/SUGGESTIONS

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Use back for additional write-up space

Please mail this to Jules Caldeira PO Box 1762, Orangevale, Ca 95662 or attach to email: jjcalde@pacbell.net