



REFEREE EVALUATION



Referee's Name _____ Referee's Number _____

Coaches Name _____ Coaches Number _____

Coaches E-mail _____ Coaches Telephone _____

Club _____ Team Age and Gender e.g. Girls U-15 _____ Division _____

Game Score _____ Winner _____ Loser _____

Date of Game _____ Game Time _____ Location Home or Visitor _____

Please Evaluate by checking one box	Poor	Fair	Good	Excellent
Attitude Towards Players _____				
Attitude Towards Coaches _____				
Attitude Towards Spectators _____				
Impartiality _____				
Knowledge of the Rules _____				
Field Position _____				
Game Control _____				
Referees Appearance _____				

Did the referee arrive on time _____ Yes _____ No



Were any cards issued? **Players** _____ Red _____ Yellow **Adult** _____ Red _____ Yellow

Comments _____

Please mail form to:
LIJSL, 701-9 Koehler Avenue, Ronkonkoma, NY 11779