

## Cromwell Soccer Club Referee Evaluation Form

Game Date \_\_\_\_\_ Opponent \_\_\_\_\_  
 Date time \_\_\_\_\_ Level of Play \_\_\_\_\_  
 Game Location \_\_\_\_\_ (i.e. U12G)

**Center Referee:** \_\_\_\_\_  
 (Name)

	Excellent	Good	Fair	Needs Improving
Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Game Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Assistant Referee 1:** \_\_\_\_\_  
 (Name)

	Excellent	Good	Fair	Needs Improving
Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Assistant Referee 2:** \_\_\_\_\_  
 (Name)

	Excellent	Good	Fair	Needs Improving
Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Coach / Appraiser:**

\_\_\_\_\_  
 (Signature) (Print) (Date)

Include any comments, observations or incident issues on the back of this form.