

**Central Maryland Soccer Association  
Referee Evaluation Form**

<b>Date/Time:</b>	<b>Location:</b>
<b>Coach Name:</b>	<b>Telephone:</b>
<b>Program Name:</b>	<b>Age Group/Gender:</b>
<b>Team Name:</b>	<b>Opponent:</b>

**Pre-Game Information**

Referee on time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asst. Referee(s) (AR) on time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did Referees Introduce Themselves?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did the Officials check equipment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did game start on time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please rate each official below, using a scale of 1 – 5 (5 excellent, 3 average, and 1 being poor)

**Head Referee Name (if known):**

Attitude	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Prompt Decisions/Signals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Signals Clearly Indicated	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Consistency	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Foul Recognition	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Game Control	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Knowledge Laws of Game	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Kept Up With Play/Fitness	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Correct positioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Accuracy of Decisions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Physicality of Match	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	1 Very Physical – 5 Not Physical

**AR1 Name (if known):**

**AR2 Name (if known):**

Attitude	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Prompt Decisions/Signals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Signals Clearly Indicated	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Consistency	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Foul Recognition	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Game Control	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Knowledge Laws of Game	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Kept Up With Play/Fitness	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Correct positioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Accuracy of Decisions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
Physicality of Match	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	1 Very Physical – 5 Not Physical

**Constructive Comments/Details:**


Instructions here: Please rate good performance in addition to poor performance. If you rate any area below a 3, please provide a detailed explanation. Use back of Form for more space. A rating of Yes = 1 point; A rating of No = 0 points. Physicality of game is for league reference/tracking only.