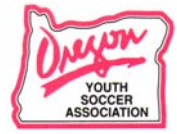


Referee Evaluation



Your Name: _____ Phone _____

Your Team & Position _____

Game Date: ____/____/____ Division: _____

Home Team: _____ Away Team: _____

Final Score: Home: _____ Away: _____

Referee's Name: _____

Referee Performance: (check the appropriate rating – 5 being the best)

	5	4	3	2	1	n/a
- Dress & Appearance	()	()	()	()	()	()
- Pre-Game Organization	()	()	()	()	()	()
- Ability to Keep Up with Play	()	()	()	()	()	()
- Co-operation with Asst. Refs	()	()	()	()	()	()
- Game Control	()	()	()	()	()	()
- Fairness & Impartiality	()	()	()	()	()	()
- Ability to gain respect through Performance	()	()	()	()	()	()
- Ability to gain respect through Personality	()	()	()	()	()	()
- Overall Performance	()	()	()	()	()	()

For any referee, was the game () Difficult () Average () Easy

In what areas can this official improve: _____

	Home Team	Away Team
Number of Cautions (Yellow Cards)	_____	_____
Number of Ejections (Red Cards)	_____	_____

Senior Assistant Referee: _____

Assistant Referee Performance: (check the appropriate rating – 5 being the best)

5	4	3	2	1	n/a
()	()	()	()	()	()

In what areas can this official improve: _____

Junior Assistant Referee: _____

Assistant Referee Performance: (check the appropriate rating – 5 being the best)

5	4	3	2	1	n/a
()	()	()	()	()	()

In what areas can this official improve: _____

Return to OYSA: 4840 SW Western Ave. Suite #800, Beaverton OR 97005, or Fax 503-520-0302.