

BISA Soccer Association

Referee Feedback Form

(Specific comments are generally more useful in providing areas for referee improvement than general comments on a poor job.)

Date: _____ Time: _____ Division: U- _____ Field #: _____

Your Team: _____ Opposing Team: _____
 Score : _____ Score : _____

Evaluator's Name: _____ Are you a licensed referee? Yes No

Please give feedback on the Referee and each Linesman in the following areas (If your Game did not have Assistant Referees, please leave those sections blank). Feedback should include positive and negative attributes. Please refrain from abusive or insulting remarks.

REFEREE	Good	Average	Poor	Comments
Appearance				
Started Game on Time				
Used Proper Signals				
Interaction w/ Players				
Interaction w/ Coaches				
Game Control				
Proper Positioning				
Quality of Judgment				
Proper Interaction w/ Assistant Referees				
Knowledge of Laws				
Overall Performance				
Ass't Referee (Your side)	Good	Average	Poor	Comments
Appearance				
Used Proper Signals				
Offside Judgment				
Overall Performance				
Ass't Referee (Their side)	Good	Average	Poor	Comments
Appearance				
Used Proper Signals				
Offside Judgment				
Overall Performance				

Additional general comments: