SILVER STATE GIRLS SOCCER LEAGUE
REFEREE, TEAM AND FIELD EVALUATION FORM

Age Group: U/_____ Date: _____ Time: _____ Field: _____

Location: _____

Referee's Name: _____ Your Team: _____

Score: _____ _____ Coach: _____

Your team Opposing Team Opposing Team: _____

Coach: _____

CAUTIONS GIVEN – RED YELLOW NONE (Circle One)

REFEREE EVALUATION

Please circle the appropriate number: 1=Inferior, 2=Poor, 3=Average, 4=Good, 5=Excellent

Appearance	1	2	3	4	5
Mechanics	1	2	3	4	5
Position	1	2	3	4	5
Decisiveness	1	2	3	4	5
Reaction to pressure	1	2	3	4	5
Movement	1	2	3	4	5
Temperament	1	2	3	4	5
General Game Control	1	2	3	4	5
Application of Rule	1	2	3	4	5
Overall Performance	1	2	3	4	5

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OPPOSING TEAM AND FIELD CONDITIONS

Conduct of opposing team on field	1	2	3	4	5
Conduct of opposing team after game	1	2	3	4	5
Conduct of opposing coach during game	1	2	3	4	5
Conduct of opposing coach after game	1	2	3	4	5
Field lining	1	2	3	4	5
Field conditions	1	2	3	4	5

Please print additional comments on back

PLEASE COMPLETE AND MAIL/FAX TO: **SSGSL**
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