



**Indoor Soccer
Referee Evaluation Form
TO BE COMPLETED BY COACHES ONLY!**

Date of Game _____ Game Time _____ Age Division _____

Home Team _____ Away Team _____

Referee(s) Name(s) _____

	Excellent	Good	Fair	Poor
Signals/Communication:	_____	_____	_____	_____
Foul Recognition:	_____	_____	_____	_____
Appearance:	_____	_____	_____	_____
Positioning/Mobility:	_____	_____	_____	_____
Consistency:	_____	_____	_____	_____
Game Control:	_____	_____	_____	_____
Knowledge of Rules:	_____	_____	_____	_____
Self Control/Poise:	_____	_____	_____	_____
Overall Performance:	_____	_____	_____	_____

Comments: *(Required if you rated the officials **fair** or **poor** in any area. Please give specifics.)*

(please continue on reverse side if necessary)

Coach's Name: _____

Name of Team: _____

Coach's Signature: _____ Date: _____