

Referees Evaluation Form (REF)

Referees Name: _____ Age Group: _____ Date & Time of Game: _____

Location: _____ Club: _____ Team: _____

Your Name: _____ Your Role: Spectator/Parent/Coach/Manager/Other _____

<u>GENERAL:</u>		Details
Did the referee present well (dress & behaviour)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the referee start and finish each half of the game on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the referee in position to observe the play?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were the referee's decisions clear to the players?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the referee concerned with player safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the referee's handling of the game fair and balanced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>SPECIFIC:</u>		
Were the referee's decisions in accordance with the laws of the game, or modified RooBall Rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fouls and misconduct (eg. pushes, trips, holding)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Goal-kicks, goalkeepers (eg. retiring to halfway, interference etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deliberate handball and other unsporting (eg. delaying play, loitering etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foul throws, kick-offs, corners, free-kicks (eg. illegal re-starts, defenders retiring)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Player numbers, equipment, or, substitutions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (including offside)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please attach any further details to the back of this form.