

# Farmingdale Soccer Club



700 Main Street  
 Farmingdale, NY 11735  
 Office Phone: (516) 420-1149

## REFEREE COMMITTEE

### COACHS' EVALUATION OF THE REFEREE'S PERFORMANCE

Name of Referee: \_\_\_\_\_ Submitted By: \_\_\_\_\_

#### Game Officiated

Date \_\_\_\_\_ Game Time \_\_\_\_\_ Location \_\_\_\_\_

Division \_\_\_\_\_ Age Group \_\_\_\_\_

Team Name \_\_\_\_\_ Team Name \_\_\_\_\_

Opponents ( Team Name or Coach's Name) \_\_\_\_\_

| EVALUATE                 | FAIR | GOOD | EXCELLENT |
|--------------------------|------|------|-----------|
| Attitude Towards Players |      |      |           |
| Attitude Towards Coaches |      |      |           |
| Impartiality             |      |      |           |
| Knowledge of Rules       |      |      |           |
| Field Position           |      |      |           |
| Game Control             |      |      |           |

Did the Referee arrive on time? YES NO

Did the Referee review the match specific rules prior to starting? YES NO

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RETURN TO: Chairperson, Referee Committee  
 Farmingdale Soccer Clubhouse

NOTE: All evaluation forms must be submitted on a weekly basis. Do not wait until the end of the season.  
 Timely responses will allow us to review your comments with all of the officials at our weekly meeting.