SYSL REFEREE EVALUATION

Sacramento Youth Soccer League

GAME INFORMATION

Date: _____ Field/Location: _____

Division: _____ Game Time: _____ Referee Name: _____

Home Team: _____ Away Team: _____

EVALUATION

Rate each area: 1 = Needs Improvement 2 = Fair 3 = Good 4 = Very Good 5 = Excellent N/A = Not Observed

Area	1	2	3	4	5	N/A
Professionalism / Appearance	○	○	○	○	○	○
Knowledge and Application of the Laws	○	○	○	○	○	○
Positioning and Fitness	○	○	○	○	○	○
Communication with Players and Coaches	○	○	○	○	○	○
Consistency of Calls	○	○	○	○	○	○
Game Control / Management	○	○	○	○	○	○
Safety and Player Protection	○	○	○	○	○	○
Overall Performance	○	○	○	○	○	○

What did the referee do well?

What could be improved?

Additional comments:

Evaluator Name (optional): _____ Role/Club: _____

Email completed form to: syslpresident@gmail.com

Thank you for helping SYSL support and develop our referees.

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