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.