SJSOA Annual JV Tournament

www.sjsoa.com | @SJSOArefs

Referee Name: _____ Partner: _____

Evaluator Name: _____ Date: _____

Home Team: _____ Visitor Team: _____

Gender (Circle): Boys / Girls

Rating System: 1–3=Unacceptable • 4–5=Marginal • 6–7=Satisfactory • 8–9=Very Good • 10=Excellent

Professional Qualities

1. Was the referee ready to start on time?	____
2. Was the referee properly attired?	____
3. Referee communication with players and coaches.	____
4. Did the referee cooperate with the partner/crew?	____
Total Score:	____

Movement on the Field

1. Was the referee in credible position to make offside calls?	____
2. Did the referee get to the goal line when required?	____
3. Was the referee able to reach the touchline for in/out-of-bounds calls?	____
4. Did the referee pinch in to see play better?	____
5. Did the referee move around players to obtain optimal viewing angles?	____
Total Score:	____

Signals

1. Did the referee use proper and NFHS-approved signals?	____
2. Appropriate whistle for each situation (strong for fouls, softer for subs, etc.)	____
Total Score:	____

Game Control

1. Were the referee's calls consistent throughout the match?	____
2. Was the referee able to handle difficult situations effectively?	____
3. Did the referee handle this level of competition appropriately?	____
4. Did the referee utilize the proper restarts (dropped ball, indirect free kick, etc.)?	____
5. Did the referee correctly identify and call all critical match incidents (CMI)?	____
6. How did the referee handle team and bench area decorum?	____
Total Score:	____

Constructive Comments

_____

_____

Final Total Score: _____