

GODDARD SOCCER LEAGUE
SOCCER OFFICIAL EVALUATION FORM

DATE _____ Referee's Name _____

TEAMS _____ vs. _____

NAME OF TEAM FILING REPORT AND CAPTAIN'S SIGNATURE

	EXCEPTIONAL	SATISFACTORY	UNSATISFACTORY
1. Established Ground Rules	_____	_____	_____
2. Started Clock at Appropriate Time	_____	_____	_____
3. Displayed Good Mechanics (Clear signals)	_____	_____	_____
4. Hustled into Position (Fitness)	_____	_____	_____
5. Maintained Control	_____	_____	_____
6. Attitude	_____	_____	_____
7. Knowledge of Rules	_____	_____	_____
8. Application of Rules	_____	_____	_____
9. Kept Game Moving	_____	_____	_____
10. Consistent in Calls	_____	_____	_____
11. Overall Evaluation	_____	_____	_____

Additional Comments: _____

