Long Island Soccer Football League Referee Evaluation:

Coach's Evaluation of Referee's Performance

Name of Referee:	Coach Na	me:		ID#
Date of Game:	_Game Time:	Location_		_ End of Game
Home Team:	Division:			
Visiting Team Name:			Final Score: Home	Visitors
Evaluate:	(Circl	e One)		
Attitude toward Players:	Poor	Fair	Good	Excellent
Attitude toward Coaches:	Poor	Fair	Good	Excellent
Impartiality:	Poor	Fair	Good	Excellent
Knowledge of the Rules:	Poor	Fair	Good	Excellent
Field Position:	Poor	Fair	Good	Excellent
Game Control:	Poor	Fair	Good	Excellent
Did the Referee arrive in time:	Yes	No	Time Arrive	ed:
Referee Appearance:	Poor	Fair	Good	Excellent
Comments: (Attach additional sh	neet or use back if needed.)			

Note: All Evaluation forms MUST be submitted each week. Timely information will help the League correct a situation. Clubs with more than one team you must fill a separate form for each team. Remember fill out form win or loose the game.



Return to Referee Evaluation Committee. LISFL Office 95 Broadway Hicksville, NY 11801-4235 (516) 433-1880 FAX (516) 433-8908

