

Long Island Soccer Football League Referee Evaluation:

Coach's Evaluation of Referee's Performance

Name of Referee: _____ Coach Name: _____ ID# _____

Date of Game: _____ Game Time: _____ Location _____ End of Game _____

Home Team: _____ Division: _____

Visiting Team Name: _____ Final Score: Home ____ Visitors ____

Evaluate: _____ (Circle 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 Arrived: _____

Referee Appearance: _____ Poor _____ Fair _____ Good _____ Excellent _____

Comments: (Attach additional sheet 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.
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