



REFEREE EVALUATION FORM

PART ONE

DUSC Division

DATE (+Day of Week)	KICKOFF TIME	GAME MATCH (Teams)	FIELD
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	Major Issue	Not Good	Good	Great	Excellent	RATING GIVEN
READINESS	1	2	3	4	5	
FOUL RECOG.	1	2	3	4	5	
GAME MGMT.	1	2	3	4	5	
POSITIONING	1	2	3	4	5	
SIGNALS	1	2	3	4	5	
DEMEANOR	1	2	3	4	5	

CENTER REFEREE NAME
 (Please print clearly)

TOTAL RATING
 (Out of 30)

	Major Issue	Not Good	Good	Great	Excellent	RATING GIVEN
READINESS	1	2	3	4	5	
FOUL RECOG.	1	2	3	4	5	
GAME MGMT.	1	2	3	4	5	
POSITIONING	1	2	3	4	5	
SIGNALS	1	2	3	4	5	
DEMEANOR	1	2	3	4	5	

LINESMAN NAME (AR #1)
 (Please print clearly)

TOTAL RATING
 (Out of 30)

	Major Issue	Not Good	Good	Great	Excellent	RATING GIVEN
READINESS	1	2	3	4	5	
FOUL RECOG.	1	2	3	4	5	
GAME MGMT.	1	2	3	4	5	
POSITIONING	1	2	3	4	5	
SIGNALS	1	2	3	4	5	
DEMEANOR	1	2	3	4	5	

LINESMAN NAME (AR #2)
 (Please print clearly)

TOTAL RATING
 (Out of 30)

EVALUATORS NAME / TEAM NAME / CONTACT INFO (email & mobile number)

Print and send this form after each game submitting as your truthful evaluation of a specific official or officials and submit to via email directly to: adultleague@daviesharks.com. Please be honest and take emotion away (pro or con) during this evaluation. This is a construction device and not meant to be used as anything otherwise.

