

TWSL Referee Evaluation Form

Evaluator's Name (team reps only) _____

Referee's Name (not required if you don't know) _____

Position: Center Line

Date of game _____ Time of game _____ Field _____

Home Team _____ Score _____

Visitor _____ Score _____

Level of play: easy moderate difficult

Please rate the official using the following scale -

0 - unsatisfactory

1, 2 - poor

3,4,5 - average

6,7,8 - good

9,10 - excellent

All 0's, 1's and 2's must be supported by comments!

CATEGORY	RATING	COMMENTS (REQUIRED FOR 0,1,2)
Consistency of calls		
Maintained control of game		
Maintained flow of game		
Professionalism		
Control of emotions		
Personal conduct		
Attitude		
Communication		
Accuracy of decisions		
Foul recognition		
Use of advantage		
Knowledge of rules		
Positioning on field		
Other:		

Additional comments: _____

Mail this form *within 72 hours of game* to:

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