



CISA REFEREE EVALUATION

This completed referee evaluation **MUST** be signed by the coach. Please turn in with your Game Sheets.

RATING: 1=Poor 5=Excellent

Home Team: _____

Age Group: _____

Date: _____

Visiting Team: _____

Location: _____

Time: _____

Center Referee: (Professionalism includes: Proper uniform, current patch: general neatness of appearance)

Professionalism ____ Foul Recognition ____ Game Control ____ Attitude ____ Impartiality ____ Offsides ____

Sideline Referee Home:

Offside ____ Game Control ____ Professionalism ____ Positioning ____ Attitude ____ Impartiality ____

Sideline Referee Visitor:

Offside ____ Game Control ____ Professionalism ____ Positioning ____ Attitude ____ Impartiality ____

Comments:

COACHES SIGNATURE _____