

Referee Feedback Form

This form is used to provide constructive feedback to referees regarding their performance during a match. **This form is not to be used to appeal decisions made by referees during a match;** referee decisions regarding facts connected with a match are final.

Your Name:				Phone:				
Email:								
Date:				Your Affiliation with Teams:				
Match Date				Match Time			Age Group/Gender	
Home Team							Score	
Away Team							Score	
Referee				AR #1 (Home side)				
Field Location				AR #2 (Away side)				
Name of Referee Being Critiqued (one per form)								
Criteria	Exceeds		Meets		Below		Comments (ratings below 3 require comments)	
	6	5	4	3	2	1		
Dress & Appearance								
Pre-Match Preparation								
Ability to Keep Up with Play								
Cooperation								
Ability to Control Match								
Fair & Impartial								
Foul Recognition								
Communication with Players & Coaches								
Assistant Referee Offside calls, control of sidelines								

Write any additional comments on back or include in an email when submitting form electronically. Please give form to the **Regional Referee Administrator** or email form to rfa@avso677.org. NOTE: You must print this form and then scan it to email, this form will not save information you fill out online.

Forms where the name of the submitter and contact information are left blank, or with ratings below 3 without comments, will be discarded and not considered. Your name will NOT be given to referees.