

NEW MEXICO STATE SOCCER ASSOCIATION REFEREE ASSESSMENT FORM (modified)

Name of person filling out report _____

Role (e.g. coach, manager) _____

Date of Match _____

Field _____

Time _____

Your Team Name _____

Goals For _____

Win

Tie

Lose

Age B/G _____

Opponent Name _____

Goals For _____

Age B/G _____

Presented neat and proper appearance

Yes

No

Prepared to begin the game

Physically fit to officiate at this level

Yes

No

Ability to maintain a position to keep play in view

Excellent

Good

Fair

Poor

Level of cooperation between referee and asst.referees
(neutral only)

Level of consistency of calls

Application of spirit of the game in applying the rules (e.g. use
of advantage, not whistling trifling fouls or infractions)

Use of signals

Ability to deal with dissent

Excellent

Good

Fair

Poor

General Comments