



SACHEM YOUTH SOCCER LEAGUE



REFEREE EVALUATION FORM

SUBMITTED BY:

Coach's Name: _____

Team Name: _____

Referee's Name: _____

Field Number: _____

GAME INFORMATION:

Game Date: _____

Your Division: _____

Game Time: _____

Your Team Color: GOLD WHITE

Age Group

Adj. Micro

Micro (3 v 3)

4 v 4

6 v 6

(Circle One)

8 v 8

9 v 9

11 v 11

Interleague

Opponents: (Team Name & Color) _____

(Evaluate With <input checked="" type="checkbox"/>)	EXCELLENT	GOOD	FAIR
Attitude Toward Players			
Attitude Toward Coaches			
Impartiality			
Knowledge Of The Rules			
Field Position			
Game Control			

Did The Referee Arrive On Time? YES _____ NO _____

Was The Allotted Game Time Provided By The Referee? YES _____ NO _____

COMMENTS: (Attach additional sheet if needed): _____

RETURN TO: SYSL Director Of Referees, P.O. Box 327, Ronkonkoma, New York, 11779

NOTE: All Evaluation Forms Should Be Submitted Each Week. Do Not Wait Until The End Of The Season To Submit The Forms. Timely Information Will Help The League Correct A Situation.