



SSI YOUTH SOCCER ASSOCIATION REFEREE PERFORMANCE REPORT

To assist in the efficient operation of the Association, it is essential that the SSIYSA Referee Committee receive regular input on Referee performance. Teams are requested to complete a report at the conclusion of each game.

Date: _____ Time: _____

Division: _____ Field: _____

Your Team: _____ Opposition: _____

Official Linesman (Y/N) _____ Field Conditions: _____

Outcome of game (score) _____

*Please indicate your impression of the Referee's performance
(Scale = 1 for unsatisfactory up to 10 for excellent)*

1. GAME CONTROL – (dealing with fouls and misconduct;
ensuring fair play by and for all involved) 1 2 3 4 5 6 7 8 9 10
2. FITNESS - (keeping up with the play; stamina)..... 1 2 3 4 5 6 7 8 9 10
3. DUTIES - (arrive on time; check the pitch;
players' equipment; appearance) 1 2 3 4 5 6 7 8 9 10

Comments:

Coach or Manager's name – print

Signature

