

Referee Mentor Feedback – Referee Copy

Referee: _____ Name of Mentor: _____
 Date/ Time: _____ Age Group of Players: Ref or AR (circle one)

Check box: "O" (outstanding); "A" (Acceptable); "N" (needs improvement); NA (Not Applicable)	O	A	N	NA
1. Arrives on time (30 minutes before KO)				
2. Professional attire (jersey tucked in, socks up, shoes cleaned, etc)				
3. Pre-game check (goal anchored, referee pre-game planning, check in, coin toss)				
4. Attitude (enthusiasm, professionalism, willingness to learn, etc.)				
5. Accuracy of decisions				
6. Timing (start game on time, time quarters/ halves appropriately)				
7. Positioning during game				
8. Blowing of whistle				
9. Arm signals/ use of flag				
10. Foul Recognition				
11. Courage				

Comments: _____

Suggestions: _____

Referee: if you have questions or concerns, contact your Mentor Coordinator

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Comments: _____

Suggestions: _____

Mentor: Send this part of evaluation form to your Mentor Coordinator

REFEREE MENTORING FEEDBACK FORM

Referee: _____ **Grade:** _____

Level of Competition: U-12 __ U-13 __ U-14 __ U-15 __ U-16 __ U-17 __ U-18__ U-19 __

Gender: M__F__

Date: ____/____/____

Time: _____

Location of Match: _____

Home Team: _____

Visiting Team: _____

DRESS AND APPEARANCE: (neatness, manner, confidence)

COMMENTS:

PRE-GAME: (on-time, players, field and equipment checked for safety)

COMMENTS:

FITNESS: (speed, acceleration, endurance)

COMMENTS:

ATTITUDE: (enthusiastic, prepared, confident, respectful)

COMMENTS:

COURAGE/CHARACTER/CONSISTENCY: (prompt consistent decisions, composed, approachable, dealt with dissent)

COMMENTS:

POSITIONING/MECHANICS/SIGNALS: (set-plays, dynamic play, off the ball activity, communication with ARs)

COMMENTS:

ACCURACY OF DECISIONS: (recognized hard, fair play versus foul play, under or over reaction in issuing cards)

COMMENTS:

GAME CONTROL: (used ARs & authority properly, managed players & restarts, recognized & dealt with fouls/misconduct)

COMMENTS:

THINGS TO WORK ON IN NEXT FEW MATCHES:

COMMENTS:

MENTOR'S SIGNATURE _____ *DATE:* ____/____/____

DISTRIBUTION: 1) OFFICIAL 2) LEAGUE MENTOR COORDINATOR 3) MENTOR