



GAME DAY FEEDBACK FORM – Referees

Form to be filled out by the referee – 1 form per game

Game Date & Time: _____ Field (circle 1): PFMS Cherry Lane PFHS

Grade: _____ Home Team: _____ Visiting Team: _____

Referees (list all names): _____

Rate each item (4 = Excellent and 1 = Poor)

1. Field:

a. Even ground	4	3	2	1
b. Minimal holes or puddles	4	3	2	1
c. Lines visible	4	3	2	1
d. Markers visible	4	3	2	1
e. Maintained	4	3	2	1

2. Players (rate opposing team):

a. Balanced in size	4	3	2	1
b. Balanced in skills	4	3	2	1
c. Equal playing time	4	3	2	1
d. Good Sportsmanship	4	3	2	1

3. Coaches (rate opposing team):

a. Demonstrated Good sportsmanship	4	3	2	1
b. Balanced playing time	4	3	2	1
c. Played all players	4	3	2	1
d. Spoke positively to players	4	3	2	1
e. Spoke positively to opposing players	4	3	2	1
f. Spoke positively to refs	4	3	2	1
g. Spoke positively to opposing coaches	4	3	2	1
h. Managed assistant coaches	4	3	2	1
i. Managed parents	4	3	2	1
j. Managed players	4	3	2	1

Comments:

Give completed form to the PFJT&C board member monitoring the field following each game.