



Evaluation of Officials



YOUR NAME _____ Phone _____

YOUR TEAM & POSITION _____

GAME DATE ____/____/____ DIVISION _____

HOME TEAM _____ VISITING TEAM _____

FINAL SCORE: HOME _____ VISITOR _____

REFEREE'S NAME: _____

REFEREE'S PERFORMANCE: (check the appropriate rating)

	Excellent	Very Good	Good	Fair	Poor
Dress & Appearance	()	()	()	()	()
Pre-Game Organization	()	()	()	()	()
Fitness	()	()	()	()	()
Ability to gain respect through Performance and Personality	()	()	()	()	()
Co-operation with Asst. Refs	()	()	()	()	()
Game Control	()	()	()	()	()
Fairness & Impartiality	()	()	()	()	()
Overall Performance	()	()	()	()	()

For any referee, was the game () Difficult () Average () Easy

COMMENTS: _____

	<u>Home Team</u>	<u>Visiting Team</u>
Number of Cautions (Yellow Cards)	_____	_____
Number of Ejection's (Red Cards)	_____	_____

#1 ASSISTANT REF: _____

AR's PERFORMANCE: (check the appropriate rating)

Excellent	Very Good	Good	Fair	Poor
()	()	()	()	()

#2 ASSISTANT REF: _____

AR's PERFORMANCE: (check the appropriate rating)

Excellent	Very Good	Good	Fair	Poor
()	()	()	()	()

COMMENTS: _____

**Mail this form to OYSA at 4840 SW Western Ave. Suite #800, Beaverton OR 97005,
or fax to 503-520-0302.**