



REFEREE EVALUATION

Coach Name: _____

Game Date: _____

Team Name: _____

Division: _____

Criteria	Rating					Comments
	Poor	Below Avg.	Avg.	Above Avg.	Excellent	
	1	2	3	4	5	
Interaction with Coaches						
Control of Coaches						
Control of Game						
Knowledge of the Rules						
Fairness of Calls						
Overall						

Additional Comments:

Coach Signature

Date

E-mail your referee evaluations to Kelly Carney at president@friscofootballleague.com or give to the GC on duty at the time of your game. Thank you.