

CJSA Referee Evaluation Form

Date of Match:		Prepared By:	
Field:		Position:	
Competition:		Home or Away:	
Age Group:		Are you now or have you ever been a USSF Cert.Ref.?	

Referee. Please rate the referee in the following areas using a 1-10 rating scale where a rating of 1 = Unsatisfactory, a rating of 5 = Average, and a rating of 10 = Outstanding. The comment fields will automatically expand to accommodate your comments.

Name:			
Timeliness:		Demeanor:	
Knowledge:		Consistency:	
Judgment:		Demeanor:	
Mechanics:		Appearance:	
Fitness:		Overall Rating:	
Comments:			

Would you recommend this referee for a CT or State Cup Assignment?

Assistant Referees. Please provide comments, as appropriate, concerning the appearance, performance, and conduct of the assistant referees assigned to your match. The comment fields will automatically expand to accommodate your comments.

AR #1 Name (Bench Side):	
Comments:	

AR #2 Name (Spectator Side):	
Comments:	

Once completed, email this document to syra@cjsa.org or mail to:

CJSA
Attn: SYRA
11 Executive Drive
Farmington, CT 06032