

C.C.S.O.O. SOCCER OFFICIALS' EVALUATION FORM

Game Site _____ Weather _____

Date _____ Evaluator _____ Time _____

Teams/Scores: Home: _____ Visitor _____

Email this completed for to Bob Wilson at boeiwils@yahoo.com

Officials Names			
Double Dual System Observation Areas	Center Referee	AR 1	AR 2
Pre-Game Responsibilities/Punctuality (5)			
Appearance/Fitness/Physical Conditioning (10)			
Positioning of CR-AR 1, AR 2 (20)			
Mechanics/Signals (25)			
Application of Rules/Consistency of Calls/Off sides/Use of Advantage (25)			
Whistle/Voice-Strong/Firm (5)			
Communication with Players/Coaches/Partners (5)			
Ability not to be affected by crowd/coaches/and enforcement of coaches box (5)			
Total (100)			

Comments:

Name:	Name:	Name: