

# International Indoor Soccer Arena Referee Evaluation

Referee Name (if known) \_\_\_\_\_ Your name (optional) \_\_\_\_\_

Your team \_\_\_\_\_ Opponent \_\_\_\_\_

Date of report \_\_\_\_\_ Date of game \_\_\_\_\_

Time of game \_\_\_\_\_ Division \_\_\_\_\_

	Poor	Average	Good	Great!!!
1. Appearance- uniform, etc.				
2. Punctuality- game started and ended on time				
3. Knowledge of IISA rules- follows the rules of the arena				
4. Ability to control the game- foul recognition, cards if necessary etc.				
5. Professionalism- focused on the game, appropriate communication with teams and players				
6. Positioning- stayed close to the ball, had good angles to see fouls, goals, etc.				

Comments \_\_\_\_\_  
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you are free to write more on the back of this sheet

Thanks for taking the time to fill out this form!

Please return the form in person at the arena, fax it, or you can e-mail it to:

gabe@internationalindoor.com

IISA number- 505-266-3653

Fax- 505-266-3693

