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# RYSL Match Evaluation Form

110116

Age Group/Gender:      Date:      Time:      Field:     

Center Referee's Name:      Location:     

Assistant Referee's Name:      Your Team:     

Assistant Referee's Name:      Coach:     

Score:           Opposing Team:       
 (your team) (opposing team)

Coach:     

**Cautions Given: Red      Yellow      None (Circle One & how many)**

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**Referee Evaluation**

Please circle the appropriate number: 1-Inferrior; 2-Poor; 3-Average; 4-Good; 5-Excellent;

Appearance	1	2	3	4	5
Mechanics	1	2	3	4	5
Position	1	2	3	4	5
Decisiveness	1	2	3	4	5
Reaction to Pressure	1	2	3	4	5
Movement	1	2	3	4	5
Temperament	1	2	3	4	5
General Match Control	1	2	3	4	5
Application of Rules	1	2	3	4	5
Overall Performance	1	2	3	4	5

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**Opposing Team and Field Conditions**

Conduct of opposing team on the field	1	2	3	4	5
Conduct of opposing team after the Match	1	2	3	4	5
Conduct of opposing coach during the Match	1	2	3	4	5
Conduct of opposing coach after the Match	1	2	3	4	5
Field lining	1	2	3	4	5
Field Conditions	1	2	3	4	5

Please print additional comments on the back.  
 Please complete and drop in box at the Snack Bar as soon as your match is over