

BCSOA OFF-FIELD REFEREE COACHING REPORT

REFEREE NAME:

EMAIL:

DATE: [Click here to enter a date.](#) KO:

SCRIMMAGE PARTNER:

HOME TEAM:			AWAY TEAM:		
SCORE:	CAUTIONS:	EJECTIONS:	SCORE:	CAUTIONS:	EJECTIONS:
GAME DIFFICULTY:	EASY <input type="checkbox"/>	DIFFICULT <input type="checkbox"/>	CONTENTIOUS <input type="checkbox"/>		
GENDER:	GIRLS <input type="checkbox"/>	BOYS <input type="checkbox"/>			
LEVEL:	VARSITY <input type="checkbox"/>	JV <input type="checkbox"/>	FRESHMAN <input type="checkbox"/>		
FIELD CONDITION:	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	TURF <input type="checkbox"/>	
WEATHER:	SUN <input type="checkbox"/>	CLOUDS <input type="checkbox"/>	RAIN <input type="checkbox"/>		
		MEETS EXPECTATIONS	AREA OF FOCUS		DNO
PROFESSIONALISM					
Appearance/Arrival					
Presence					
Pre-game issues, field insp/pre-game					
Attitude					
MECHANICS					
Appropriate position ALL restarts					
Appropriate position during active play					
Physically fit entire game					
Sprint when needed					
Correct signals					
Restart handled correctly					
Substitution					
GAME CONTROL/FOUL RECOGNITION					
Recognize DFK/IFK/PK					
Recognize & Apply Advantage					
Offside determination					
MISCONDUCT					
Recognition					
Deal with Cautions Correctly					
Deal with Ejections Correctly					
Use Correct Mechanics					
Deal with Coaches/bench personnel					
OVERALL MANAGEMENT SKILLS					
Communication skill					
Use options to control					
Exhibit confidence					
Use of whistle/voice					
Read game					
Field coverage Up & In					
Game flow					

Three Positive Observations	Three Areas for Improvement
Observations	

Evaluator:

Email:

Phone #:

SUBMIT