

Concord AYSO 305 Advisor/Mentor Feedback Form

PLEASE PRINT	MENTEE:	NAME: _____ PHONE NUMBER: _____	POSITION: C <input type="checkbox"/> AR <input type="checkbox"/>	BADGE LEVEL: (_____)	
	MENTOR:	NAME: _____ PHONE NUMBER: _____	BADGE LEVEL: (_____)		
	GAME:	DATE: _____ START TIME: _____	FIELD LOCATION: (_____)		
	TEAMS:	GENDER: BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/>	AGE GROUP: <u> </u> - (_____)		
	SCORES:	HALF TIME SCORE:	HOME TEAM: _____	VISITING TEAM: _____	
	FINAL SCORE:	HOME TEAM: _____	VISITING TEAM: _____		

PRIORITIES FOR THE REFEREE:

5 EXCELLENT
 4 GOOD
 3 AVERAGE
 2 BELOW AVERAGE
 1 NEEDS IMPROVEMENT

1.	Pre-Game Check: Arrives on time (20-30 minutes before kickoff, professional attire, goal anchored, referee pre-game planning, coin toss)	<input type="checkbox"/>
2.	Timing: C Start game on time, quarters/halves appropriately	<input type="checkbox"/>
	AR Maintained game clock, record keeping, etc.	<input type="checkbox"/>
3.	Positioning: C During game, play anticipation	<input type="checkbox"/>
	AR Correct offside position, followed ball to goal line, etc.	<input type="checkbox"/>
4.	Blowing / Use of Whistle: Too often, too softly, etc.	<input type="checkbox"/>
5.	Clear Signals: Arm and hand signals	<input type="checkbox"/>
6.	Communication: With players, coaches, assistant referees	<input type="checkbox"/>
7.	Foul Recognition: Accuracy of decisions and proper application of laws	<input type="checkbox"/>
8.	Consistency in Calls:	<input type="checkbox"/>
9.	Respect: For players, coaches, assistants, spectators	<input type="checkbox"/>
10.	Game Control / Management and Courage to Make the Call (PK):	<input type="checkbox"/>
11.	Attitude: Enthusiasm, professionalism, willingness to learn, etc.	<input type="checkbox"/>
12.	Follow-up Date & Time: _____	<input type="checkbox"/>

COMMENTS, SUGGESTIONS FOR IMPROVEMENT: _____

REFEREE SIGNATURE & EMAIL: _____

MENTOR SIGNATURE & E-MAIL: _____

DISTRIBUTION:
 1 – REFEREE
 2 – LEAGUE REFEREE ADMIN
 3 – MENTOR