Concord AYSO 305 Advisor/Mentor Feedback Form

PLEASE PRINT

MENTEE:	NAME: _____ PHONE NUMBER: _____	POSITION: C ☐ AR ☐ BADGE LEVEL: Advanced
MENTOR:	NAME: Stephen Volk PHONE NUMBER: _____	BADGE LEVEL: Advanced
GAME: **TEAMS:**	DATE: _____ START TIME: _____ GENDER: BOYS ☐ GIRLS ☐	FIELD LOCATION: Westwood AGE GROUP: **U** – 12
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)	☐
2.	**Timing:** **C** Start game on time, quarters/halves appropriately **AR** Maintained game clock, record keeping, etc.	☐ ☐
3.	**Positioning:** **C** During game, play anticipation **AR** Correct offside position, followed ball to goal line, etc.	☐ ☐
4.	**Blowing / Use of Whistle:** Too often, too softly, etc.	☐
5.	**Clear Signals:** Arm and hand signals	☐
6.	**Communication:** With players, coaches, assistant referees	☐
7.	**Foul Recognition:** Accuracy of decisions and proper application of laws	☐
8.	**Consistency in Calls:**	☐
9.	**Respect:** For players, coaches, assistants, spectators	☐
10.	**Game Control / Management and Courage to Make the Call (PK):**	☐
11.	**Attitude:** Enthusiasm, professionalism, willingness to learn, etc.	☐
12.	**Follow-up Date & Time:** _____	

COMMENTS, SUGGESTIONS FOR IMPROVEMENT:

_____

_____

_____

REFEREE SIGNATURE & EMAIL: _____

MENTOR SIGNATURE & E-MAIL: Stephen Volk _____

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