



East Central District Wisconsin Youth Soccer Association Referee Mentor Session Form

- U-8
 U-10
 U-12
 U-13

Date: ___/___/___

Referee: _____ Ref #: _____ Club: _____
 Mentor: _____ Ref #: _____ Club: FCSRU

	Yes	Mostly	Rarely	No	Comment
1. Dress & Appearance					
<input type="checkbox"/> Looked neat and well groomed					
<input type="checkbox"/> Appeared Confident					
<input type="checkbox"/> First Impressions					
2. Pre-Game Routine					
<input type="checkbox"/> On-Time					
<input type="checkbox"/> Inspected the Field					
<input type="checkbox"/> Inspected Equipment					
3. Attitude					
<input type="checkbox"/> Kept cool under pressure					
<input type="checkbox"/> Mentally prepared					
<input type="checkbox"/> Showed respect or players					
<input type="checkbox"/> Enjoyed the game					
4. Character/Consistency					
<input type="checkbox"/> Exhibited Decisions Promptly/Firmly					
<input type="checkbox"/> Dealt with injuries correctly					
<input type="checkbox"/> Was approachable					
<input type="checkbox"/> Consistent					
5. Position/Mechanics/Signals					
<input type="checkbox"/> Anticipated play and adjusted					
<input type="checkbox"/> Kept linesmen in view					
<input type="checkbox"/> Clearly indicated decisions					
<input type="checkbox"/> Effective with whistle					
6. Accuracy of decisions					
<input type="checkbox"/> Recognized off-sides positions vs. infractions					
<input type="checkbox"/> Recognized misconduct correctly					
<input type="checkbox"/> Game Control					

Comments: _____

