

Ken Aston Cup

Referee Survey Form

Match Info

Game #	Date:	Time:	Field:	Age & Div: B G 12 14 16 19
Referee (Optional)			Ref Team (Optional)	

Summary Questions

Did your evaluators have a good rapport with you?	YES	NO
Did your evaluators comment positively on parts of your performance?	YES	NO
Were the evaluators' discussion and suggestions clear?	YES	NO
Did the evaluators' comments fit your match?	YES	NO
Did you receive suggestions for improvement that you think you can use?	YES	NO
Overall, was your debrief a positive experience?	YES	NO

Rate Each Evaluator

Evaluator #	Name	Rating 1-6 / 6=best [n/a is OK]

Comments *(Please discuss anything from your debrief that is especially memorable, positive or negative.)*