

Ken Aston Cup 2024

Referee Survey

MATCH	REFEREE (optional)
Game#:	Name:
Date - Time - Field:	
Division: ADV / EXC (circle one)	Ref Team #:

Summary Questions:

No- 0	Yes-1	Did your evaluators have a good rapport with you?
No- 0	Yes-1	Did your evaluators comment positively on parts of your performance?
No- 0	Yes-1	Were the evaluators' discussion and suggestions clear?
No- 0	Yes-1	Did the evaluators' comments fit your match?
No- 0	Yes-1	Did you receive suggestions for improvement that you think you can use?
No- 0	Yes-1	Overall, was your debrief a positive experience?

Please Rate Each Evaluator

<u>Eval #</u>	Name	<u>Rating 1-6</u> <u>6=best [n/a is OK]</u>

Comments:

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

(use reverse if needed)

----- (Circle Answer) ------