



## Illawarra Referees Association Coach Referee Feedback

Date \_\_\_\_\_ Round \_\_\_\_\_ Grade \_\_\_\_\_

Referee \_\_\_\_\_ Location: \_\_\_\_\_  
Your Name \_\_\_\_\_ Coach  Captain

Club \_\_\_\_\_

Home Team \_\_\_\_\_ V \_\_\_\_\_ Away Team \_\_\_\_\_

Score \_\_\_\_\_

Have you provided a video of the game? Yes  No

Please rate the Match Referee using the criteria (Select one for each only). For ratings of 4 or 5 specific comments would be beneficial.

(1 = excellent, 2 = good, 3 = satisfactory, 4 = poor, 5 = unsatisfactory)

	1	2	3	4	5	Comment
Tackle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ruck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Line-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foul Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specific Incidents						

Please e-mail to <mailto:charker@optusnet.com.au>