



SYFA DEVELOPMENT FOOTBALL MONITORING FORM

Match Details: Home:

v

Away

Age Level:

Date: / /

Shirt No	Players Name (10 Maximum on match days)	SYFA Player ID Number

Score your opponents using criteria:- 1(Very Poor) 2(Poor) 3(Average) 4(Good) 5 (Very Good)
Please add comments below, positive and negative. Scores below 3 MUST include comments

	Score
1 Did the coaches behave in an acceptable manner?	
2 Was there evidence of appropriate medical provision at the match?	
3 Did the coaches stand on the touchline?	
4 Did parents/spectators occupy the opposite touchline from that of the coaches?	
5 Did the players behave in an acceptable manner?	
6 Did the parents/spectators behave in an acceptable manner?	
7 Did the coaches provide appropriate instruction to the players from the side line?	
8 Did the coaches utilise all the substitutes?	
Total Score	

Comments (Please add any further comments you believe to be of value)

Action Required (Please advise if you feel that any further action should be taken)

Match Supervisor

Match Supervisor Club:

Completed by:

Signature

Date / /

Return to association secretary within 10 days by post or email (soccer7s@essda.co.uk)
Roger Oglesby, 71 Craighleith Hill Gardens, Edinburgh EH4 2JB www.essda.co.uk