

Referee Assessment Form

Form: 3

EVE	ENT NAME:	_MATCH NO:	SEASON:	
Refer	eree Name:			
Matc	ch Date:			
Matc	ch Venue:			
Pleas	ise assess the performance of the referee in th	ne following areas by marki	ng the appropriate option:	
1.	Punctuality: Was the referee on time for th	ne match? [] Yes [] No		
2.	Appearance: Did the referee's attire and appearance meet the league's standards? [] Yes [] No			
3.	. Knowledge of Rules: Did the referee demonstrate a strong understanding of the rules? [] Yes [] No			
4.	. Communication: Did the referee effectively communicate with players, coaches, and table officials? [] Yes [] No			
5.	Game Control: Did the referee maintain control of the game and ensure fair play? [] Yes [] No			
6.	Positioning: Was the referee consistently in the right position to make accurate calls? [] Yes [] No			
7.	Decision Making: Were the referee's decisions fair and consistent throughout the game? [] Yes [] No			
8.	Conflict Resolution: Did the referee effectively resolve conflicts and maintain a calm demeanour? [] Yes [] No			
9.	Teamwork: Did the referee collaborate well with the other officials on the court? [] Yes [] No			
10.	. Overall Performance: Please rate the overall performance of the referee for this match. [] Rating (1-10)			
11.	1. Comments & Feedback (Optional):			
Evalu	uator Name (If Applicable):			
Evaluator Signature: Date:			Date:	
Note:	:: This form must be submitted to the referee supervisor	at the end of every game. Only C	Coaches are required to fill this form	