

Evaluator's Report Form

MAIL TO:
Region
Referee Chair

Name (Print) _____

Team Affiliation _____

1st REFEREE

1 2 3 4 5

Match Protocol
Pre-game Meeting
Warm-up
Begin & End of Game
Court Change

1 2 3 4 5

Match Control
Overall
Time Outs
Substitutions
Benches/Spectators
Sanctions

1 2 3 4 5

Whistle

1 2 3 4 5

Signals
Visibility & Accuracy

1 2 3 4 5

Player Alignment

1 2 3 4 5

Back Row

1 2 3 4 5

Net Fouls

1 2 3 4 5

Reaction Time

1 2 3 4 5

Ball Handling

1 2 3 4 5

Communication

1 2 3 4 5

Appearance/
Demeanor

1 2 3 4 5

Attitude

Rating System: 5 = Excellent 2 = Poor
4 = Good 1 = Unacceptable
3 = Average

2nd REFEREE

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Location _____ Location _____

Date _____ Date _____

_____ V.S. _____
Home Visitor Home Visitor

Level of Match

Open BB
AA B
A Junior

Women Men

Level of Match

Open BB
AA B
A Junior

Women Men

Evaluator _____ Evaluator _____

Evaluator's Rating: Regional
Jr.National
National

Evaluator's Rating: Regional
Jr.National
National

Signature of Candidate _____

Current Rating Recommendation
None Junior Olympic Provisional Regional

R1 Comments:

Louder Whistle Higher Signals
 Whistle as soon as play ends Separate Signals

R2 Comments:

Transition
 Don't follow ball Don't watch server