

REFEREE'S NAME		GRADE	DATE
EVALUATOR'S NAME			TELEPHONE
DATE	LOCATION	HOME TEAM	VISTOR TEAM
Level of Play	<input type="checkbox"/> Men <input type="checkbox"/> Amateur Div 1 <input type="checkbox"/> Youth U19 <input type="checkbox"/> Youth U14 <input type="checkbox"/> Women <input type="checkbox"/> Other Amateur <input type="checkbox"/> Youth U16 <input type="checkbox"/> Other Youth		
What was the degree of difficulty of the Game? <input type="checkbox"/> Easy <input type="checkbox"/> Competitive <input type="checkbox"/> Very Difficult			
Was the performance of the referee acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PERFORMANCE EVALUATION			
1. Appearance	2	_____	7. Accuracy of Decision
2. Pre-Game	3	_____	8. Game Control
3. Fitness	5	_____	9. Sideline control
4. Attitude	5	_____	10. Issuance of cards
5. Courage, Character and consistency	10	_____	11. Coordination with ARs
6. Positioning, Mechanics & Signals	15	_____	10 _____
<b>TOTAL:</b> <input style="width: 50px;" type="text"/>			
REFEREE <input type="checkbox"/> Further Evaluation needed at this level of competition <input type="checkbox"/> Grade Retention <input type="checkbox"/> Upgrade			
AREAS OF SKILL DEMONSTRATED			
SKILLS TO DEVELOP, OR IMPROVE			
Referee signature: _____		Evaluator signature: _____	

DISTRIBUTION: Referee, Assignors, Treasurer