Evaluation Form

Referee Name: _____

Year(s) Reffing: _____ Date: _____

1st REFEREE		2nd REFEREE
_____	**Match Protocol**	_____
___	Pre-game Meeting	___
___	Warm-up	___
___	Begin & End of Game	___
___	Court Change	___
_____	**Match Control**	_____
___	Overall	___
___	Time Outs	___
___	Substitutions	___
___	Benches/Spectators	___
___	Sanctions	___
_____	**Whistle**	_____
_____	**Signals**	_____
___	Visibility & Accuracy	___
_____	**Player Alignment**	_____
_____	**Back Row**	_____
_____	**Net Fouls**	_____
_____	**Reaction Time**	_____
_____	**Ball Handling**	_____
_____	**Communication**	_____
_____	**Appearance/Demeanor**	_____
_____	**Attitude**	_____

Rating Key:

+ Excellent P Satisfactory - Needs Improvement

Level Recommended: ____MS ____9th_____JV_____Var

Addl Comments: _____

R1 Comments:

☐ Louder Whistle ☐ Higher Signals

☐ Separate Signals

☐ Whistle as soon as play ends

R2 Comments:

☐ Location ☐ Transition

☐ Give Court Bck ☐ Don't follow ball

☐ Don't watch server

Evaluated By:_____

Evaluator Signature

Officials Signature