

REFEREE ASSESSMENT FORM

Form: 3

EVE	INT NAME:	MATCH NO:	SEASON:	
Refer	ree Name:			
	ch Date:			
Matc	ch Venue:			
Pleas	se assess the performance of the referee in the follo	owing areas by marking th	e appropriate option:	
1.	1. Punctuality: Was the referee on time for the match? [] Yes [] No			
2.	Appearance: Did the referee's attire and appearance meet the league's standards? [] Yes [] No			
3.	3. Knowledge of Rules: Did the referee demonstrate a strong understanding of the rules? [] Yes [] No			
4.	1. Communication: Did the referee effectively communicate with players, coaches, and table officials? [] Yes [] No			
5.	5. Game Control: Did the referee maintain control of the game and ensure fair play? [] Yes [] No			
6.	5. Positioning: Was the referee consistently in the right position to make accurate calls? [] Yes [] No			
7.	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.	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.	Comments & Feedback (Optional):			
Evalu	uator Name (If Applicable):			
Evalu	uator Signature:	Date:		