

2019/20
Referee Evaluation Form



Created: September 30th, 2019
Adopted: October, 2019

Candidate's Name:	Today's Date:
League / Division / Level:	Game Time:
Home Team:	Visiting Team:
Score:	Score:
Observed Quarters: 1 2 3 4 (circle all that apply)	Overtime: Yes No

Evaluation Rating Scale:

1 – Developing	2 – Average	3 – Good	4 - Excellent
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Evaluation Criteria:

	Comment		Comment
Appearance		Floor Judgement	
Hustle		Rules Application	
Professionalism		Call Selection	
Athleticism		Call / Whistle Judgement	
Floor Presence			
Approachability		Communication of Calls	
		Partner Communication	
Call Signals			
Positioning		Game Management	
Rotations		Game Control	
Mechanics		Game Awareness	

Areas for Improvement:

Positive Observations:

Evaluation Completed By: _____

Please send an electronic copy of this **completed** form to lboa.education@gmail.com