



SCSOA REFEREE ASSESSMENT

DATE: _____ GAME LEVEL (CIR) VAR JV BOYS GIRLS

TEAMS: _____ () AT: _____ ()

Rate game difficulty¹: scale 1-5 (1=easy 5=difficult) _____ Rate field conditions: scale 1-5 (1=poor 5=good) _____

REF #1 _____ UNIT: _____

REF #2/AR1 _____ UNIT: _____

AR 2 _____ UNIT: _____

**ASSIGN POINTS FOR THE ITEMS BELOW TO DETERMINE THE OVERALL RATING
EXPLANATIONS ARE REQUIRED FOR ALL UNSATISFACTORY RATINGS**

	SCORE	REF #1	REF #2/AR 1	AR 2
PHYS COND & APPEARANCE	20	_____	_____	_____
GAME CONTROL	20	_____	_____	_____
RULES APPLICATION	20	_____	_____	_____
DECISIVENESS	10	_____	_____	_____
PROFESSIONALISM	10	_____	_____	_____
POSITIONING	10	_____	_____	_____
COOPERATION/TEAMWORK	5	_____	_____	_____
SIGNALS	5	_____	_____	_____
TOTALS:	100	_____	_____	_____

DID THE OFFICIALS ARRIVE ON TIME? **YES** **NO** (CIRCLE ONE)
IF **NO** WHICH OFFICIAL WAS LATE AND WHAT TIME DID HE/SHE ARRIVE?

NAME: _____ TIME: _____

CONSTRUCTIVE COMMENTS:

(continue comments on back or another sheet)

Assessor's Name: _____ Signed: _____

Were referees given verbal feedback? (Check if YES): #1 _____ #2 _____ #3 _____

¹ Note: rate game difficulty relative to the average difficulty of other games of the same level (example: girls varsity relative to other girls varsity, boys JV relative to other boys JV, etc.) (Average = 3)