



# Candidate & Recertifying Referee Rating Form



Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Team Name \_\_\_\_\_ Team Level \_\_\_\_\_

Evaluator \_\_\_\_\_

*Tear here. Referee Chair gets top section. Candidate gets bottom section.*

	OKAY	FIX	FAIL	Comments
<b>PROCEDURES &amp; PROTOCOL</b> Captains' meeting; Warmups Start match on time; Court switch	<input type="checkbox"/>	<input type="checkbox"/>		
<b>WHISTLE</b> Loud Prompt to end play	<input type="checkbox"/>	<input type="checkbox"/>		
<b>SIGNALS</b> Accurate Separate; Visible	<input type="checkbox"/>	<input type="checkbox"/>		
<b>BALL HANDLING</b> Correct; Consistent Proper eye position for action Reaction time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NET &amp; COURT PLAY</b> Net/centerline violations Reaching over net Illegal back row blocks/attacks Screens; Overlaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MATCH CONTROL</b> Prevention & use of sanctions Court order & awareness Match tempo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>APPEARANCE &amp; ATTITUDE</b> Professionalism Approachability; People skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INTERRUPTIONS</b> Substitutions; Time outs Replays; Injuries; Blood	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TEAMWORK</b> Brief partner, line judges pre-match Eye & signal communication	<input type="checkbox"/>	<input type="checkbox"/>		

