

# Evaluation Form for Junior Regional Referee Candidate

Use this form to keep an on-going record of your officiating experience and development throughout the season. Once you have been evaluated on four matches (See Section 1) send this sheet by either mail or email to Michael Gale, Officials Chair (Mail and email Information at bottom of sheet).

Junior Regional Candidate: \_\_\_\_\_

Candidate's Address: \_\_\_\_\_

Candidate's Club: \_\_\_\_\_ Team Name: \_\_\_\_\_

**Section 1**

During the season, obtain four match evaluations from the 1<sup>st</sup> Referee who officiated each match with you. You need at least 2 evaluations involving Level 3 matches or higher.

**Level 1** - Very Easy, No Subs or Time Outs

**Level 4** - High Level, Fast Paced, Many subs

**Level 2** - Somewhat Easy, Some Subs & TO's

**Level 5** - Difficult - Level 4 With Sanctions

**Level 3** - Average Match

Official's Name	Date	Match Level	Comments/Remarks
Match 1:	_____	_____	_____
Match 2:	_____	_____	_____
Match 3:	_____	_____	_____
Match 4:	_____	_____	_____

**Section 2**

Officials please indicate the candidate's performance in the appropriate box & initial to the right of each box.

(-) = Needs Improvement    (☑) = Satisfactory    (+) = Outstanding

	1 <sup>st</sup> Eval - Init.	2 <sup>nd</sup> Eval - Init.	3 <sup>rd</sup> Eval - Init.	4 <sup>th</sup> Eval - Init.	Comments
Pre-Match Duties:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanics/Signals:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Whistle Technique:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Positioning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nets & Center Line:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communication:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Subs & Time Outs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Send To: Michael Gale – Officials Chair  
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For Questions:  
 Call (321) 427-6383

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