

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 Sue Wainio-Oato, Officials' Coordinator (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 1st 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 2 - Somewhat Easy, Some Subs & TO's

Level 3 - Average Match

Level 4 - High Level, Fast Paced, Many subs

Level 5 - Difficult - Level 4 With Sanctions

| 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 st Eval - Init. | 2 nd Eval - Init. | 3 rd Eval - Init. | 4 th 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: Sue Wainio-Oato – Officials' Coordinator
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