



Florida State Referees, Inc. TOURNAMENT ASSESSMENT REPORT

Tournament: _____ Date: _____ M F DIV: _____

Visitor: _____ Home: _____

Game No. _____

<i>PRINT</i>	FIRST NAME	LAST NAME	ID#	YRS/EXP	AGE	STATE	GRADE
REFEREE							
AR-1							
AR-2							
4TH							
ASSESSOR				XXXXXXX	XXX		

PERFORMANCE VALUE: (NA) Not Acceptable (A) Acceptable (VG) Very Good (O) Outstanding (NR) Not Ratable

REFEREE	AR-1	AR-2	4 TH OFFICIAL
<i>CRITERIA 1: Personality And Communication</i>	<i>CRITERIA 1: Involvement / Assistance In The Game/ Read The Game/ Was Involved As Needed</i>	<i>CRITERIA 1: Involvement / Assistance In The Game/ Read The Game/ Was Involved As Needed</i>	<i>CRITERIA 1: Bench Control Utilized the Ask, Tell and Remove procedures.</i>
<i>CRITERIA 2: Game Control And Risk Taking</i>	<i>CRITERIA 2: Offside Wait And See" Approach - Showed Restraint - Gave The Benefit Of Doubt To The Attack.</i>	<i>CRITERIA 2: Offside Wait And See" Approach - Showed Restraint - Gave The Benefit Of Doubt To The Attack</i>	<i>CRITERIA 2: Assistance To The Referee. Provided the appropriate level of assistance before, during, and after the game.</i>
<i>CRITERIA 3: Teamwork</i>	<i>CRITERIA 3: Positioning / Movement - Kept Up With Play - Positioned To Make Offside Decisions.</i>	<i>CRITERIA 3: Positioning / Movement - Kept Up With Play - Positioned To Make Offside Decisions.</i>	<i>CRITERIA 3: Administrative Tasks</i>
<i>CRITERIA 4: Points Of Emphasis</i>	<i>Overview of Match Performance (Including Critical Incidents)</i>	<i>Overview of Match Performance (Including Critical Incidents)</i>	<u>ASSISTANCE</u> <i>Managed The Substitution Process As Required.</i>
<i>CRITERIA 5: Managing The Technical Areas</i>			
<i>CRITERIA 6: Fitness / Work Rate / Movement / Stamina And Positioning</i>			
OVER ALL	OVER ALL	OVER ALL	OVER ALL

REFEREE: Acceptable Performance *? YES NO Game was Sufficient Test *? YES NO

COMMENTS TO THE TOURNAMENT DIRECTOR OF ASSESSMENT

AR-1: Acceptable Performance *? YES NO Game was Sufficient Test *? YES NO

COMMENTS TO THE TOURNAMENT DIRECTOR OF ASSESSMENT

AR-2: Acceptable Performance *? YES NO Game was Sufficient Test *? YES NO

COMMENTS TO THE TOURNAMENT DIRECTOR OF ASSESSMENT

4TH: Acceptable Performance *? YES NO Game was Sufficient Test *? YES NO

COMMENTS TO THE TOURNAMENT DIRECTOR OF ASSESSMENT

ASSESSOR SIGNATURE: _____ **DATE:** _____