



Northern California Volleyball Association

72 Dorman Ave, San Francisco, CA 94124
Phone (415) 550-7582 / Fax (415) 550-7762

Referee Evaluation

Date: _____

Site: _____

Referees: R1 _____

R2 _____

Referees arrived R1 _____

R2 _____

Please fill in the blank beside each category with a rating of " E " for Excellent, " F " for Fair or " P " for Poor
We appreciate all comments, but specifically request comments on Fair and Poor ratings.

Basic Knowledge		Comments:	
R1	E F P		
R2	E F P		
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Were the referees consistant throughout the match?		Comments:	
R1	E F P		
R2	E F P		
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Were the referees approachable? Were they able to answer your concerns and or questions?		Comments:	
R1	E F P		
R2	E F P		
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Did the referee's use the proper warm up protocol?		Comments:	
R1	E F P		
R2	E F P		
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In what specfic area's would you like to see us further train our referee's?			
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Other Comments:			

Please provide your name and high school affiliation if you would like to be contacted for any other concerns.

High School: _____

Phone: _____

Evaluators Name: _____

Email: _____