



# Florida State Referees, Inc.

## ASSESSMENT REPORT

Tournament \_\_\_\_\_ Date \_\_\_\_\_ M  F  DIV \_\_\_\_\_

Visitor \_\_\_\_\_ Home \_\_\_\_\_

POSITION	FIRST NAME	LAST NAME	ID #	YEARS OF EXP	AGE	DISTRICT	GRADE
REFEREE							
AR-1							
AR-2							
4 <sup>TH</sup>							
ASSESSOR				XXXXXXXXXX	XXX		

PERFORMANCE VALUE: E = EXCELLENT G = GOOD F = FAIR P = POOR

REFEREE	AR-1			AR-2			4 <sup>TH</sup> OFFICIAL
E G F P	E G F P	E G F P	E G F P	E G F P	E G F P	E G F P	
APPEARANCE	□□□□	APPEARANCE	□□□□	APPEARANCE	□□□□	APPEARANCE	□□□□
CUP PROTOCOL	□□□□	CUP PROTOCOL	□□□□	CUP PROTOCOL	□□□□	CUP PROTOCOL	□□□□
FITNESS	□□□□	FITNESS	□□□□	FITNESS	□□□□	BENCH CONTROL	□□□□
ATTITUDE	□□□□	ATTITUDE	□□□□	ATTITUDE	□□□□	ATTITUDE	□□□□
COURAGE, CHAR. & CONSISTENCY	□□□□	COURAGE, CHAR. & CONSISTENCY	□□□□	COURAGE, CHAR. & CONSISTENCY	□□□□	INSPECT GAME & PLAYER EQUIP.	□□□□
POSITIONING & MECHANICS	□□□□	POSITIONING & COMMUNICATIONS	□□□□	POSITIONING & COMMUNICATIONS	□□□□	POSITIONING & COMMUNICATIONS	□□□□
ACCURACY OF DECISIONS	□□□□	ASSISTANCE OFFSIDE, GL, TL	□□□□	ASSISTANCE OFFSIDE, GL, TL	□□□□	ASSIST WITH SUBSTITUTIONS	□□□□
CONTROL	□□□□	ASSISTANCE-FOULS & MISCONDUCT	□□□□	ASSISTANCE-FOULS & MISCONDUCT	□□□□	ADMINISTRATIVE PAPER WORK	□□□□
OVER ALL	□□□□	OVER ALL	□□□□	OVER ALL	□□□□	OVER ALL	□□□□

REFEREE: WAS PERFORMANCE ACCEPTABLE? YES  NO  RECOMMEND FOR NEXT LEVEL YES  NO  STATE CUP

ASSESSOR / INSPECTOR COMMENTS ONLY IF NECESSARY

AR-1: WAS PERFORMANCE ACCEPTABLE? YES  NO  RECOMMEND FOR NEXT LEVEL YES  NO  STATE CUP

ASSESSOR / INSPECTOR COMMENTS ONLY IF NECESSARY

AR-2: WAS PERFORMANCE ACCEPTABLE? YES  NO  RECOMMEND FOR NEXT LEVEL YES  NO  STATE CUP

ASSESSOR / INSPECTOR COMMENTS ONLY IF NECESSARY

4TH: WAS PERFORMANCE ACCEPTABLE? YES  NO  RECOMMEND FOR NEXT LEVEL YES  NO  STATE CUP

ASSESSOR / INSPECTOR COMMENTS ONLY IF NECESSARY

ASSESSOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DISTRIBUTION: ONLY TO THE TOURNAMENT DIRECTOR OF ASSESSMENT.