

# Volleyball Referee Evaluation Form

Date: \_\_\_\_\_

Referee Name: \_\_\_\_\_

Match Level:  Local  State  National  International

Match Location: \_\_\_\_\_

## 1. Referee Performance Evaluation

| Criteria          | Rating (1-5)  | Evaluator's Notes | Improvement Needed? (Yes/No)                             |
|-------------------|---|-------------------|--|
| Rule Knowledge    | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fairness          | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Game Control      | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Communication     | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Decision Accuracy | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Consistency       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Game Awareness    | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                            |   |  |  |
|----------------------------|---|--|--|
| <b>Conflict Resolution</b> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------|---|--|--|

**2. Additional Comments**

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**Evaluator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_