

USARS ROLLER DERBY REFEREE ASSESSMENT FORM

Applicant

Name: _____

Email: _____ Phone: _____

USARS number: _____ Date: _____

Person completing assessment

Name: _____

Email: _____ Phone: _____

USARS Position: _____ Position During Game: _____

Game Info

Date: _____ Teams: _____

Location: _____ Crew position: _____

Referee Certification Points- Please Circle appropriate points earned

0 Points- Referee did not meet requirements

1 Point- Referee at USARS sanctioned game

2 Points- Referee at USARS sanctioned Tournament

5 points- Attend a USARS Sanctioned Referee Clinic

Assessment Scoring- Please circle the most accurate score.

Officials rules understanding & knowledge

1. Excellent 2. Proficient 3. Adequate 4. Needs Improvement 5. Unacceptable

Impact/initiator assessment during game

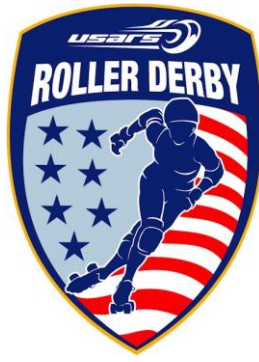
1. Excellent 2. Proficient 3. Adequate 4. Needs Improvement 5. Unacceptable

Penalty enforcement ability

1. Excellent 2. Proficient 3. Adequate 4. Needs Improvement 5. Unacceptable

Game awareness

1. Excellent 2. Proficient 3. Adequate 4. Needs Improvement 5. Unacceptable



Communication

1. Excellent 2. Proficient 3. Adequate 4. Needs Improvement 5. Unacceptable

Stepping and Hopping around and over objects either with both feet or one foot at a time

1. Excellent 2. Proficient 3. Adequate 4. Needs Improvement 5. Unacceptable

Able to complete 10 laps in 2 minutes or less around standard derby track

1. Excellent 2. Proficient 3. Adequate 4. Needs Improvement 5. Unacceptable

Transitioning in from both inside and outside the derby track without taking line of sight off the track

1. Excellent 2. Proficient 3. Adequate 4. Needs Improvement 5. Unacceptable

Stopping in both directions, inside and outside the track without taking line of sight off the track

1. Excellent 2. Proficient 3. Adequate 4. Needs Improvement 5. Unacceptable

The ability to avoid/dodge fallen players safely without causing further issues

1. Excellent 2. Proficient 3. Adequate 4. Needs Improvement 5. Unacceptable

Overall assessment

1. Excellent 2. Proficient 3. Adequate 4. Needs Improvement 5. Unacceptable

If you have any additional notes to add please add them here

Signature of Person completing assessment

_____ Date: _____