

## Assessment Form

**Game Information:**

Date: \_\_\_\_\_ Field: \_\_\_\_\_ League: PYSC

Teams: \_\_\_\_\_ vs \_\_\_\_\_ Age Division: \_\_\_\_\_

Kick Off Time: \_\_\_\_\_

**Referee's Name:** \_\_\_\_\_

<b>Pregame - 25 pts</b>	<b>Game Control - 50 pts</b>	<b>Mechanics - 25 pts</b>
Punctuality Physical Appearance Attitude Field Inspection Equipment Inspection Kick Off Procedures	Knowledge of the Laws Accuracy of Decisions Consistency of Decision Correct Restarts Cautions and Ejections Interaction with Benches	Fitness Positioning Signals Whistle Communication Timing
<b>Score: /25</b>	<b>Score: /50</b>	<b>Score: /25</b>

**Comments:**

**Final Score: /100**

**Assessor's Name and Signature:** \_\_\_\_\_

**Note to Assessor:** Please, complete and return this form to the Director of Referees for PYSC, Fevri Pazari.