

Assessment Form

Game Information:

Date: _____ Field: _____ League: PYSC

Teams: _____ vs _____ Age Division: _____

Kick Off Time: _____

Referee's Name: _____

| Pregame - 25 pts | Game Control - 50 pts | Mechanics - 25 pts |
|---|---|---|
| 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 |
| Score: /25 | Score: /50 | Score: /25 |

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.