



CAFLA

REFEREE DEVELOPMENT AND GUIDANCE FORM

Referee _____ State Cal-South Grade _____

AR's 1 _____

State Cal-South Grade _____

AR's 2 _____

Date: _____ / _____ / 2009

Location _____

Time: _____ AM / PM

Home Team _____

Visiting Team _____

Level Of Competition 30 + 40 + Sup Metro Major Minor First W-A W-B

Name of reporting person: _____ Team Name: _____

DRESS AND APPEARANCE	YES	SOME-TIMES	NO	POSITION / MECHANICS / SIGNALS	YES	SOME-TIMES	NO
• Looked neat and well groomed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Anticipated play and adjusted position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appeared confident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Kept linesperson in view at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Were first impressions good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Acknowledged signals by linesperson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: _____				• Well-positioned for set plays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRE-GAME				• Decisions clearly indicated by signals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Arrived on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Made best use of the whistle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Field inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS: _____			
• Equipment inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACCURACY OF DECISIONS			
• Pre-game procedures followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Recognized "intent" correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: _____				• Rec. offside <i>position vs</i> infraction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FITNESS				• Recognized DFK vs IFK infractions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accelerate when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Recognized misconduct correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Recover from deep position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Rec. serious foul play/violent conduct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appeared fit throughout entire game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Avoided calling trifling offenses??	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Kept up with play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS: _____			
COMMENTS: _____				GAME CONTROL			
ATTITUDE				• Asserted authority firmly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Kept cool under pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Recognized first fouls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was mentally prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Managed the wall correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Showed respect for players?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Dealt with incidents correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appeared to enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Administered cautions and/or sendoffs in approved manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: _____				• Dealt with persistent infringement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COURAGE/CHARACTER/CONSISTENCY				• Stopped encroachment immediately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Gave decisions promptly and firmly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Administered substitutions correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Got play (re-)started quickly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Dealt with time-wasting correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dealt with injuries correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Players accepted decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accounted for all lost time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Made effective use of advantage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was approachable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS: _____			
• Maintained composure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RECOMMENDATION			
• Consistent in decision making?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Further evaluation needed			
COMMENTS: _____				<input type="checkbox"/> Good Job			
_____				<input type="checkbox"/> Poor Job			
_____				<input type="checkbox"/> Average Job			