LSR Referee Evaluation Form

MAIL TO: **Joe Lizama -** Referee Chair
Lone Star Region - USA Volleyball
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Name (Print) _____ Date of Birth: ___/___/_____ (MM DD YYYY)

Team/Club Affiliation _____ eMail _____

Observation Reminders

Match Protocol	Match Control	Whistle	Signals	Player Alignment	Back Row	Net Fouls
Pre-game Meeting Warm-up Begin & End of Game Court Change	Overall Time Outs Substitutions Benches/Spectators Sanctions	Volume & Timing	Visibility & Accuracy			
		Communication	Ball Handling	Reaction Time	Appearance/ Demeanor	Attitude

R1

_____
Signature of Candidate

	None	Junior R2	Junior	Adult R2	Provisional
Current Rating	☐	☐	☐	☐	☐
Recommendation	☐	☐	☐	☐	☐

Date _____ Evaluator _____

Location _____ Evaluator's Rating: Regional ☐ Jr.National ☐ National ☐

Match Level: ☐ Jr. Age Group (fill in age) ☐ Adult

Strengths/Improvements:

☐ Louder Whistle ☐ Use Line Judges

☐ Whistle as soon as play ends ☐ Separate Signals

R2

_____
Signature of Candidate

	None	Junior R2	Junior	Adult R2	Provisional
Current Rating	☐	☐	☐	☐	☐
Recommendation	☐	☐	☐	☐	☐

Date _____ Evaluator _____

Location _____ Evaluator's Rating: Regional ☐ Jr.National ☐ National ☐

Match Level: ☐ Jr. Age Group (fill in age) ☐ Adult

Strengths/Improvements:

☐ Transition ☐ Give court back

☐ Don't follow ball ☐ Don't watch server

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