

# REFEREE EVALUATION FORM

(Please return this to a Tournament Official, FOC Representative, or Division Officer)

The North Texas Division would appreciate your feedback on ways to improve our referees and your experience at our tournament. We recognize that referees literally have a different point of view than that of the fencer, and that calls (especially those concerning right-of-way) are based on this different vantage point. We ask that you take this into account when discussing "bad calls." Sentences such as, "consistently made bad calls" and personal attacks do not help us improve our training nor our refereeing. More specific statements such as, "incorrectly interprets counter time actions;" or, "doesn't see a fencer off the side of the strip;" or "misapplied rule concerning covering target" will help us provide an evaluation of the work they have graciously volunteered to perform. Obviously, the more information we have, the better we may become; however, you may leave any of the spaces on the form blank.

## PLEASE RECOGNIZE AND REPORT GOOD AS WELL AS POOR BEHAVIORS!

Referee's Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Tournament Name: \_\_\_\_\_

I was:  A competitor       An observer       Bout Committee       Tournament Coordinator

I am:  A fencer – Number of years fencing \_\_\_\_\_ Ratings: Epee \_\_\_\_\_ Foil \_\_\_\_\_ Saber \_\_\_\_\_  
 A rated referee – No. of years refereeing \_\_\_\_\_ Ratings: Epee \_\_\_\_\_ Foil \_\_\_\_\_ Saber \_\_\_\_\_  
 Neither

I would like:  To commend the above referee for a job well done  
 Provide evaluation comments

Evaluation comments concern (please check all that apply, generally at least one box in each column):

Gender	Weapon	Age Group	Event
<input type="checkbox"/> Mixed	<input type="checkbox"/> Epee	<input type="checkbox"/> Veteran (over 40 yrs)	<input type="checkbox"/> Pools
<input type="checkbox"/> Men's	<input type="checkbox"/> Foil	<input type="checkbox"/> Senior	<input type="checkbox"/> Direct Elimination
<input type="checkbox"/> Women's	<input type="checkbox"/> Saber	<input type="checkbox"/> Junior/Cadet (under 20 yrs)	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Youth (14 and Younger)	

*You may use the reverse side of this form as necessary to answer the following:*

Please describe (be as specific as possible): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendation for improvement, training, etc.: \_\_\_\_\_

\_\_\_\_\_

Did you or someone else request this referee be observed for the above?     Yes                       No  
 May this information be shared with the Referee?                                       Yes                       No  
 May your name be shared with the Referee?     Yes                       No

[OPTIONAL:] Your name: \_\_\_\_\_

Check if you would like an email response; email address: \_\_\_\_\_

You may also mail this form to: Brenda Waddoups, Secretary, North Texas Division  
 317 Carolyn Drive, Bedford, TX 76021-4111  
 or FAX to: (817) 782-5926