

## REFEREE RE-EVALUATION FORM

Date: USA Judo #: \_\_\_\_\_ Reevaluation Event: Current Judo Rank: \_\_\_\_\_ Date of Birth\_\_\_\_ \* \* \* Please complete ALL information below - - - please do NOT use 'SAME' \* \* \* E-mail address: **2019 Referee Level:** N-1 N-2 N-3 N-4 PJC-Cnfd IJF-Cntl (Circle one) Address: (Number & Street) (City) Phone: H:(\_ Other Phone/Fax: **Evaluation:** Ε Cand G General Appearance 4 = Candidate Mobility 3 4 3 = Excellent 2 3 4 Procedure & Signals 0 2 = GoodAuthority 0 2 3 4 1 = Satisfactory 2 0 3 4 0 = Needs Improvement Appreciation 1 2 3 Determination 0 4 2 3 **Penalties** 0 1 4 2 Team Work 1 3 Recommendation: Nat'l: Revoke N-0 N-1 N-2 N-3 N-4 Cnf'd: (By PJC only) 0 1 2 3 4 Cnt'l: (By IJF only) 0 1 2 3 Evaluators: Chief Referee Evaluator

Evaluator

Evaluator