UNITED STATES ROWING ASSOCIATION

THE REFEREE COMMISSION

ASSISTANT REFEREE EVALUATION FORM

Name of Assistant: _____
Name of Regatta: _____
Date and Location: _____

Positions Worked:	*(Circle grade)*		**Initials**
Control Commission	Needs Improvement	Good/ Satisfactory	_____
Marshal	Needs Improvement	Good/ Satisfactory	_____
Starter	Needs Improvement	Good/ Satisfactory	_____
Judge at Start/ Aligner	Needs Improvement	Good/ Satisfactory	_____
Referee/Umpire	Needs Improvement	Good/ Satisfactory	_____
Chief Judge/ Finish	Needs Improvement	Good/ Satisfactory	_____

"Needs improvement" means minimally competent knowledge and ability, but with specific shortcomings to be addressed (and indicated below)
"Good/satisfactory" means a level of knowledge and ability sufficient to be considered basically competent in the position. (Performance considered to be above this standard should be commented upon below)

Comments (Continue on reverse, if necessary):

CERTIFICATION (to be completed by fully-licensed Referees, who directly observed the Assistant in the performance of the duties of the position(s) evaluated).

I certify that the Assistant named above, performed the functions described above

_____ Signature License No.

_____ Signature License No.