



# WFTDA Referee Performance Evaluation

## Skating Skills

Section 1: Referee Information				
Name	Derby Name	League Affiliation		
Section 2: Performance Assessment				
Evaluations to be completed by an authorized league representative. Assessment cards must be submitted to the WFTDA Referee Certification Committee for review.				
Assess the referee's performance in each of the following areas, using the following rating system [ 4=Exceptional, 3=Satisfactory, 2=Needs Work, 1=Unacceptable ] and by providing comments below:				
Performance Area	4	3	2	1
<b>Falls Safely</b> - hands & knees, single knee drop (both left & right) both knees , baseball slide & recover within three seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stepping</b> - front, back, side to side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hopping</b> - ability to hop with both feet in the air and land together and able to hop foot to foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Looking</b> - is alert at all times. Can anticipate and react to fellow referees while still having an eye on the pack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Slalom</b> - can maintain control while weaving through 10 cones, maximum of 6 feet apart w/ turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dodging skaters</b> - both inside & outside the track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Skating Backwards</b> - ability to skate 15 feet backwards (including corners) with turnarounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Turn around and stop in both directions</b> - the ability for refs to stop quickly and safely on the outside of the track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wheel Clipping</b> - the ability to maintain control or safely fall when wheels are clipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Taking Light Hits Safely</b> - the ability to take light hits safely (both expected and unexpected hits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Knee Taps</b> - can alternate left and right knee taps while maintaining control and speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stepping</b> - can step over a 1" raised barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Laps</b> - ability to skate (on the track) 10 laps in 1 minute 35 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Authorized League Representative Name			
	Authorized League Representative Contact Information (e-mail or phone #)			
	Authorized League Representative Signature			
	Authorized League Representative Signature			