

Referee Assessment



Assessing Referee: <hr/>	Date: <hr/>
Referee being Assessed: <hr/>	Competition / Location: <hr/>
Current Grade: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> T	<hr/> <hr/> <hr/>

Comments:

Recommend grade after assessment: 1 2 3 T Remove

Signed: _____ Date: _____

Please return completed form to referee@canoepolo.ie