



JUNIOR OFFICIAL CANDIDATE CERTIFICATION

Candidate's Name: _____ Date: _____

Address: _____

Club: _____ Team: _____

Evaluator: _____

PROCEDURES & PROTOCOL	OKAY	FIX	N/A	Comments
Captain's Meeting; warm ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Start Match on time; Court Switch				
WHISTLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Loud				
Prompt play to end				
SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accurate				
Separate; Visible				
BALL HANDLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Correct; consistent				
Proper eye position				
Reaction Time				
NET & COURT PLAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Net/centerline violations				
Reaching over net				
Illegal back row blocks/attacks				
Screens, overlaps				
MATCH CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention & Use of Sanctions				
Court Order & Awareness				
Match Tempo				
APPEARANCE & ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professionalism				
Approachability				
INTERRUPTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subs & Time Outs				
Replays; Injuries; Blood				
TEAMWORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses Teammates				

Match Date _____ Site _____

Play Level _____ Match Difficulty (circle one) Easy Medium Hard

Evaluation (circle)	PASS	Re-Evaluation needed
Recommendation for Regionals?	YES	NO

Synopsis _____

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NOTES

GAME 1:

GAME 2: