

**SHEET DISTRIBUTION**  
1 x The FA  
1 x Retained

# ASSESSMENT OF REFEREE REPORT FORM



PLEASE COMPLETE IN BLOCK LETTERS  
(Please write in ink)

## THE FA SUNDAY CUP

DATE OF MATCH:	ROUND:	MATCH No:
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**Result:** Home Team .....  Goals      Away Team .....  Goals

Home Team .....

Away Team .....

Name of Referee .....

**GENERAL CONTROL**  
Including confidence, satisfactorily dealing with major incidents

**APPLICATION OF LAWS**  
Including correctness of decisions, clear signals, good positioning, fitness and advantage

**WE AWARD AN OVERALL MARK OUT OF 100 (range 1-100)**  
An adequate performance by the Referee would justify a mark of 75

A mark of 60 or less **MUST** be accompanied by a full statement giving reasons for the Low Mark (no half marks). Emphasis should not be given to Isolated Incidents.

Signed ..... Secretary .....

**To be received by The Football Association within six days of the match.**

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