## **IES Referee Meet Evaluation**

Please complete the information to the best of your ability and send the information back to the IES Chair within one week of completion of the meet. Please keep your discussion limited to essential points of information. All comments and identities will be kept confidential.

Athletic Competition:	
Location:	
Date(s):	
Officials and Team Affiliation: Please indicate team affiliations for each official. For non-IES officials, please obtain a	n E-mail or mailing address.
Issues and Resolutions: Briefly describe the problem or issue that was encountered and how it was resolved.	
Referee Summary: Briefly describe your overall impression of the meet, the facilities, the volunteer worker include any suggestion on how the quality of the meet could be improved.	s, and the competition. Also
Referee Signature: I	Date:

Form: refeval2004