

# ASSESSMENT VERIFICATION

(Retained by Assessor) Rev 8/04



Candidate's Name \_\_\_\_\_ Soc. Sec. No. Not Required

Address \_\_\_\_\_  
Last First Middle Initial

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Section \_\_\_\_\_ Area \_\_\_\_\_ Region \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Division \_\_\_\_\_ Field \_\_\_\_\_

Purpose of Assessment:  Upgrade Certification to \_\_\_\_\_ as \_\_\_\_\_  
(Upgrade Level) (Referee or Assistant Referee)  
 Service Assessment

Assessor's Name \_\_\_\_\_ Soc. Sec. No. Not Required

Address \_\_\_\_\_  
Last First Middle Initial

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Section \_\_\_\_\_ Area \_\_\_\_\_ Region \_\_\_\_\_

Service Assessment  Recommended for Upgrade  Recommended for further observation

Signature of Candidate: \_\_\_\_\_

Signature of Assessor: \_\_\_\_\_



# ASSESSMENT VERIFICATION

(Retained by Candidate)



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Signature of Candidate: \_\_\_\_\_

Signature of Assessor: \_\_\_\_\_

# Comments by Referee or Assistant Referee

Major Strengths:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Areas to Strengthen:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_



# Comments by Assessor

Major Strengths:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Areas to Strengthen:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_



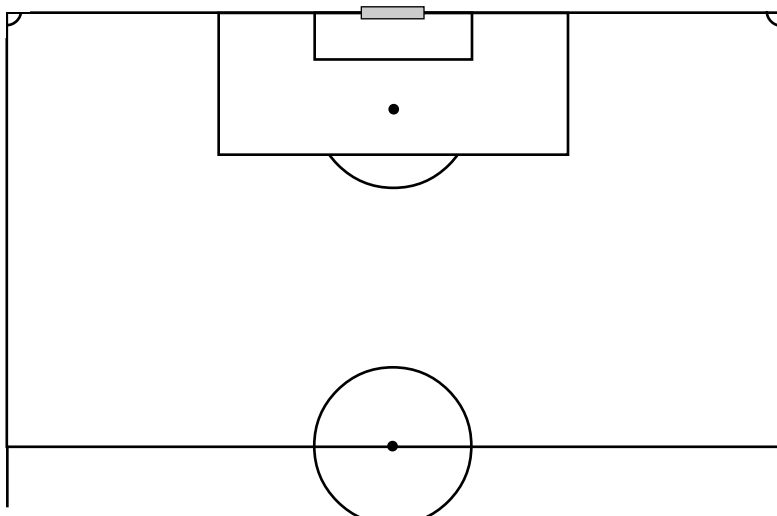
# AYSO ASSISTANT REFEREE ASSESSMENT CHECK-LIST

everyone plays

Date \_\_\_\_\_ Time \_\_\_\_\_  
 Candidate's Name \_\_\_\_\_ Assessor's Name \_\_\_\_\_  
 Soc. Sec. No. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Home Team \_\_\_\_\_  
 Phone \_\_\_\_\_ Away Team \_\_\_\_\_  
 Field \_\_\_\_\_ Division \_\_\_\_\_

Assessment for Upgrade to Level:  Advanced  National

|   | Acceptable               | Needs Improvement        |   | Acceptable               | Needs Improvement        |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| <b>1. DRESS AND APPEARANCE</b>                    |                          |                          | <b>6. POSITIONING, MECHANICS, SIGNALS</b>                               |                          |                          |
| a. Correct uniform                                | <input type="checkbox"/> | <input type="checkbox"/> | <b>Set Plays</b>  |                          |                          |
| b. Appropriate badge                              | <input type="checkbox"/> | <input type="checkbox"/> | a. Kick-off positioning   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2. PRE-GAME</b>                                |                          |                          | b. Goal-kick positioning  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Organization</b>                               |                          |                          | c. Corner-kick positioning  | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrival at proper time                            | <input type="checkbox"/> | <input type="checkbox"/> | d. Throw-in positioning   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Instructions to Assistant Referees</b>         |                          |                          | e. Penalty-kick positioning   | <input type="checkbox"/> | <input type="checkbox"/> |
| Asks for clarification of items missed            | <input type="checkbox"/> | <input type="checkbox"/> | f. Free-kick positioning  | <input type="checkbox"/> | <input type="checkbox"/> |
| in referee's instructions                         | <input type="checkbox"/> | <input type="checkbox"/> | <b>Dynamic Play</b>   |                          |                          |
| <b>3. FITNESS</b>                                 |                          |                          | a. During attacks stays with second-to-last defender                    | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Keeps up with play                             | <input type="checkbox"/> | <input type="checkbox"/> | b. Follows ball to goal-line  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Capable of sprinting                           | <input type="checkbox"/> | <input type="checkbox"/> | c. Offside: ensures player's participation before signalling            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Adequate side-stepping                         | <input type="checkbox"/> | <input type="checkbox"/> | <b>Diagonal System of Control</b>                                       |                          |                          |
| <b>4. ATTITUDE</b>                                |                          |                          | Assistant referee knows the mechanics of the Diagonal System of Control | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Shows respect for fellow officials             | <input type="checkbox"/> | <input type="checkbox"/> | <b>Coordination and Cooperation</b>                                     |                          |                          |
| b. Shows respect for players, coaches, and others | <input type="checkbox"/> | <input type="checkbox"/> | a. Follows referee's instructions                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shows confidence                               | <input type="checkbox"/> | <input type="checkbox"/> | b. Eye contact between officials  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5. COURAGE, CHARACTER, CONSISTENCY</b>         |                          |                          | c. Officials enter and exit the field as a team                         | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Maintains composure and concentration          | <input type="checkbox"/> | <input type="checkbox"/> | <b>Signals</b>  |                          |                          |
| b. Unaffected by appeals                          | <input type="checkbox"/> | <input type="checkbox"/> | a. Uses approved signals  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Approachable                                   | <input type="checkbox"/> | <input type="checkbox"/> | b. Uses clear signals   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | c. Signals as instructed by referee                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | d. Mirrors signals  | <input type="checkbox"/> | <input type="checkbox"/> |



## COMMENTS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCORE:** First Half: \_\_\_\_\_ Final: \_\_\_\_\_

### GAME DIFFICULTY (Circle One)

Easy, Below Average, Average, Challenging, Extremely Challenging  
 (Note: Average means "A Typical AYSO Regular Season Match")

- Recommended for upgrade  
 Recommended for further observation

\_\_\_\_\_  
 Signature of Assessor





# AYSO Assessment Feedback Form

It is requested that each referee who has received an assessment provide feedback on the quality of the assessment by completing this form. Please print your comments and forward the completed form to the Section Director of Referee Assessment ([ayso1sdra@gmail.com](mailto:ayso1sdra@gmail.com))

Name of Assessor \_\_\_\_\_ Section \_\_\_\_ Area \_\_\_\_ Region \_\_\_\_

Date of Assessment \_\_\_\_\_

For what level were you being assessed? Advanced \_\_ National \_\_ Service \_\_

Who assigned your assessor? \_\_\_\_\_

Was the assessment a positive experience? Yes \_\_\_\_ No \_\_\_\_

Were the Assessor's comments consistent with your training? Yes \_\_\_\_ No \_\_\_\_

Would you welcome another assessment by this assessor? Yes \_\_\_\_ No \_\_\_\_

What could the assessor have done differently to improve the assessment process or assessment feedback: \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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Optional Information (will be kept confidential)

Referee's Name \_\_\_\_\_ Region No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_