

# ASSESSMENT VERIFICATION

(Retained by OAJ) 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: \_\_\_\_\_



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

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

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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 REFEREE ASSESSMENT CHECK-LIST

Date \_\_\_\_\_ Time \_\_\_\_\_  
 Candidate's Name \_\_\_\_\_ Assessor's Name \_\_\_\_\_  
 Soc. Sec. No. Not Required Soc. Sec. No. Not Required  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Home Team \_\_\_\_\_  
 Phone \_\_\_\_\_ Away Team \_\_\_\_\_  
 Field \_\_\_\_\_ Division \_\_\_\_\_

**everyone plays**

Assessment for Upgrade to Level:  Advanced  National

	Acceptable	Needs Improvement		Acceptable	Needs Improvement
<b>1. DRESS AND APPEARANCE</b>			<b>4. ATTITUDE</b>		
a. Correct Uniform	<input type="checkbox"/>	<input type="checkbox"/>	a. Shows respect for fellow officials	<input type="checkbox"/>	<input type="checkbox"/>
b. Appropriate badge	<input type="checkbox"/>	<input type="checkbox"/>	b. Shows respect for players, coaches, and others	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. PRE-GAME</b>			c. Shows confidence	<input type="checkbox"/>	<input type="checkbox"/>
<b>Organization</b>			<b>5. COURAGE, CHARACTER, CONSISTENCY</b>		
a. Arrival at proper time	<input type="checkbox"/>	<input type="checkbox"/>	a. Maintains composure and concentration	<input type="checkbox"/>	<input type="checkbox"/>
b. Inspect game ball(s)	<input type="checkbox"/>	<input type="checkbox"/>	b. Unaffected by appeals	<input type="checkbox"/>	<input type="checkbox"/>
c. Checked players and equipment	<input type="checkbox"/>	<input type="checkbox"/>	c. Approachable	<input type="checkbox"/>	<input type="checkbox"/>
d. Checked team rosters	<input type="checkbox"/>	<input type="checkbox"/>	d. Has courage to apply the Laws	<input type="checkbox"/>	<input type="checkbox"/>
e. Started on time (1st and 2nd half)	<input type="checkbox"/>	<input type="checkbox"/>	<b>6. POSITIONING, MECHANICS, SIGNALS</b>		
f. Watches, pencils, yellow and red cards, notebook, coin, whistle	<input type="checkbox"/>	<input type="checkbox"/>	<b>Set Plays</b>		
g. Assistant referee's flags	<input type="checkbox"/>	<input type="checkbox"/>	a. Kick-off positioning	<input type="checkbox"/>	<input type="checkbox"/>
<b>Field Inspection</b>			b. Goal-kick positioning	<input type="checkbox"/>	<input type="checkbox"/>
a. Marking and dimensions of all areas	<input type="checkbox"/>	<input type="checkbox"/>	c. Corner-kick positioning	<input type="checkbox"/>	<input type="checkbox"/>
b. Penalty mark	<input type="checkbox"/>	<input type="checkbox"/>	d. Throw-in positioning	<input type="checkbox"/>	<input type="checkbox"/>
c. Goal posts	<input type="checkbox"/>	<input type="checkbox"/>	e. Penalty-kick positioning	<input type="checkbox"/>	<input type="checkbox"/>
d. Nets	<input type="checkbox"/>	<input type="checkbox"/>	f. Free-kick positioning	<input type="checkbox"/>	<input type="checkbox"/>
e. Corner flags	<input type="checkbox"/>	<input type="checkbox"/>	<b>Dynamic Play</b>		
f. Field conditions and dangerous objects	<input type="checkbox"/>	<input type="checkbox"/>	a. During attacks	<input type="checkbox"/>	<input type="checkbox"/>
<b>Instructions to Assistant Referees</b>			b. During counter-attacks	<input type="checkbox"/>	<input type="checkbox"/>
a. Designate Sr. & Jr. ass't. referee	<input type="checkbox"/>	<input type="checkbox"/>	c. Close to play	<input type="checkbox"/>	<input type="checkbox"/>
b. Indicate diagonal to be used	<input type="checkbox"/>	<input type="checkbox"/>	d. Doesn't miss fouls due to poor positioning	<input type="checkbox"/>	<input type="checkbox"/>
c. Positions at all restarts	<input type="checkbox"/>	<input type="checkbox"/>	<b>Diagonal System of Control</b>		
d. Procedures for:			a. Referee knows the mechanics of the Diagonal System of Control	<input type="checkbox"/>	<input type="checkbox"/>
Offside	<input type="checkbox"/>	<input type="checkbox"/>	b. Moves off of the Diagonal when necessary	<input type="checkbox"/>	<input type="checkbox"/>
Goal scored	<input type="checkbox"/>	<input type="checkbox"/>	c. Keeps assistant referees in view	<input type="checkbox"/>	<input type="checkbox"/>
Penalty Kicks	<input type="checkbox"/>	<input type="checkbox"/>	<b>Coordination and Cooperation</b>		
Fouls not seen by referee	<input type="checkbox"/>	<input type="checkbox"/>	a. Acknowledges signals from assistant referees	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. FITNESS</b>			b. Eye contact between officials	<input type="checkbox"/>	<input type="checkbox"/>
a. Keeps up with play	<input type="checkbox"/>	<input type="checkbox"/>	c. Officials enter and exit the field as a team	<input type="checkbox"/>	<input type="checkbox"/>
b. Capable of sprinting	<input type="checkbox"/>	<input type="checkbox"/>			
c. Adequate back-peddling	<input type="checkbox"/>	<input type="checkbox"/>			



# AYSO REFEREE ASSESSMENT CHECK-LIST

	Acceptable	Needs Improvement		Acceptable	Needs Improvement
<b>Signals</b>					
a. Uses approved signals:			f. Distinguishes between legal and illegal obstruction	<input type="checkbox"/>	<input type="checkbox"/>
IFK's	<input type="checkbox"/>	<input type="checkbox"/>	g. Distinguishes between legal and illegal charging	<input type="checkbox"/>	<input type="checkbox"/>
Goal Kicks	<input type="checkbox"/>	<input type="checkbox"/>	<b>Correctness of Punishment</b>		
Corner Kicks	<input type="checkbox"/>	<input type="checkbox"/>	a. Awards correct type of free-kick (indirect vs. direct)	<input type="checkbox"/>	<input type="checkbox"/>
Penalty Kicks	<input type="checkbox"/>	<input type="checkbox"/>	b. Warns players when appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Advantage	<input type="checkbox"/>	<input type="checkbox"/>	c. Cautions players when appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Direction for all restarts	<input type="checkbox"/>	<input type="checkbox"/>	d. Sends off players when appropriate	<input type="checkbox"/>	<input type="checkbox"/>
b. Uses firm and clear signals (including good arm and hand extension)	<input type="checkbox"/>	<input type="checkbox"/>	e. Uses proper procedure when cautioning or sending off players	<input type="checkbox"/>	<input type="checkbox"/>
c. Signals only when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<b>8. GAME CONTROL</b>		
d. Whistle is clear and audible	<input type="checkbox"/>	<input type="checkbox"/>	a. Knows the Laws of the Game	<input type="checkbox"/>	<input type="checkbox"/>
e. Whistle is variable and expressive	<input type="checkbox"/>	<input type="checkbox"/>	b. Properly reads the flow of the game	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. ACCURACY</b>			c. Makes prompt decisions	<input type="checkbox"/>	<input type="checkbox"/>
<b>Identifying Fouls</b>			d. Properly allows advantage	<input type="checkbox"/>	<input type="checkbox"/>
a. Recognizes the penal fouls (DFK)	<input type="checkbox"/>	<input type="checkbox"/>	e. Doesn't permit encroachment	<input type="checkbox"/>	<input type="checkbox"/>
b. Recognizes the non-penal fouls (IFK)	<input type="checkbox"/>	<input type="checkbox"/>	f. Efficiently handles the "wall"	<input type="checkbox"/>	<input type="checkbox"/>
c. Recognizes misconduct	<input type="checkbox"/>	<input type="checkbox"/>			
d. Doesn't penalize trifling or doubtful offenses	<input type="checkbox"/>	<input type="checkbox"/>			
e. Distinguishes between intentional and unintentional handling of the ball	<input type="checkbox"/>	<input type="checkbox"/>			

## COMMENTS

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Game Difficulty (Circle One): EASY, BELOW AVERAGE, AVERAGE, CHALLENGING, EXTREMELY CHALLENGING  
 (Note: Average means "A Typical AYSO Regular Season Match")

- Service Assessment     
  Recommended for Upgrade     
  Recommended for further observation

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

# AYSO FIELD WORKSHEET

	Referee Name: _____	Date: _____	Division: _____	Game Difficulty (1st Half): _____
Ass't Referee AR1	Areas Handled Well	Possible Areas of Improvement		Ass't Referee AR2

(Foul) Referee's position, with a line to the foul position and description  
 (Ball) Referee's position, with a line to ball position where last played, for shot on goal or ball over goal-line  
 (Ball) Referee's position, with a line to ball position where last played, when a goal is scored

Game Difficulty  
 1-2: Easy; 3-4: Below Average; 5: Average; 6-7: Challenging; 8-9: Extremely Challenging  
 (Note: Average means "A Typical AYSO Regular Season Match")

## First Half

**Home Team**

\_\_\_\_\_

Name

\_\_\_\_\_

Color

**Score:** (Min./No.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Caution:** (Min./No.)

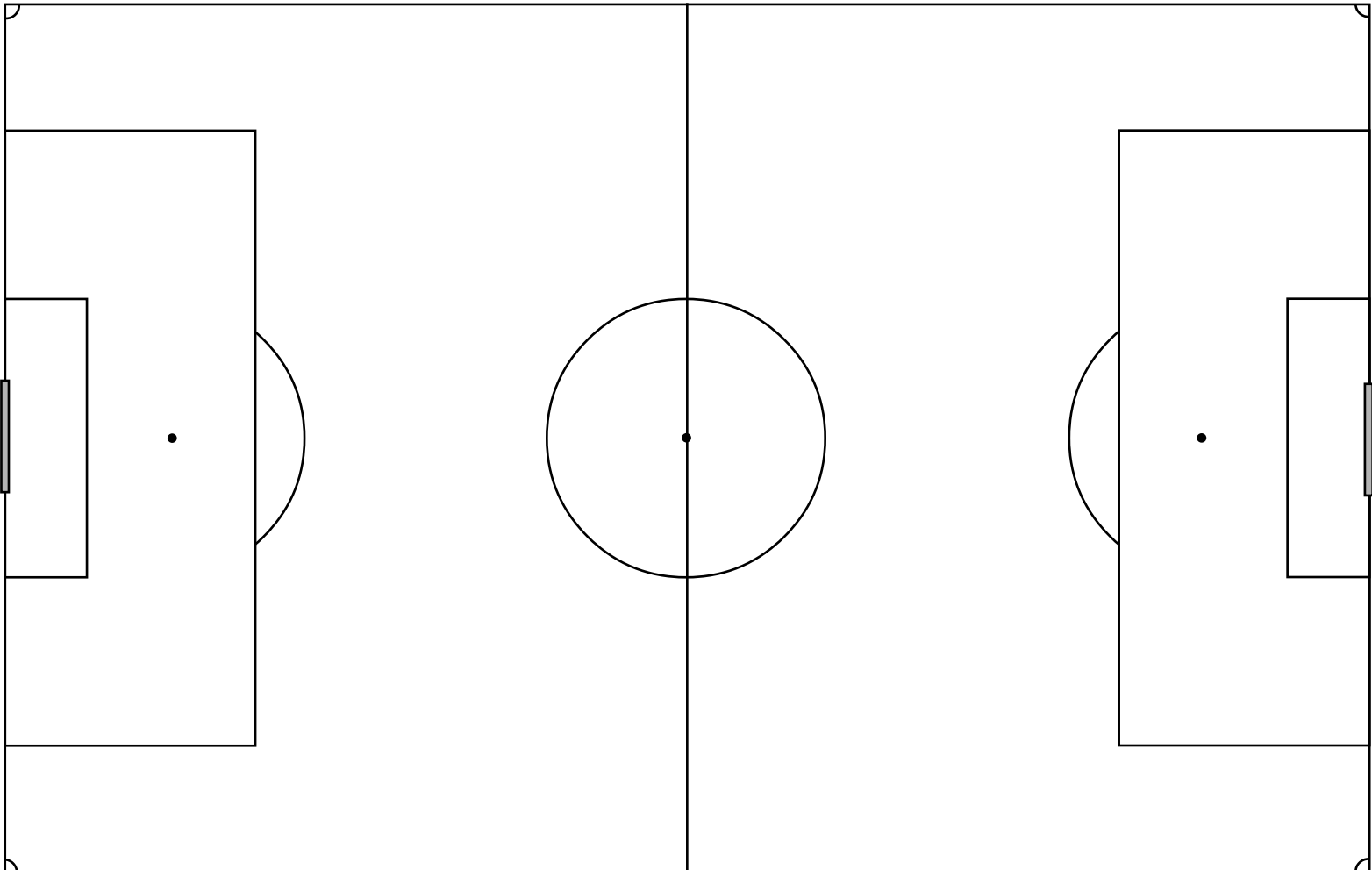
\_\_\_\_\_

\_\_\_\_\_

**Send Off:** (Min./No.)

\_\_\_\_\_

\_\_\_\_\_



**Away Team**

\_\_\_\_\_

Name

\_\_\_\_\_

Color

**Score:** (Min./No.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Caution:** (Min./No.)

\_\_\_\_\_

\_\_\_\_\_

**Send Off:** (Min./No.)

\_\_\_\_\_

\_\_\_\_\_



1st Half Score: \_\_\_\_\_ Assessor's Name: \_\_\_\_\_ Soc. Sec. No: Not Required **everyone plays!**

# AYSO FIELD WORKSHEET

	Referee Name: _____	Field: _____	Game Difficulty (2nd Half): _____
Ass't Referee AR1	Areas Handled Well	Possible Areas of Improvement	Ass't Referee AR2

\_\_\_\_\_ (Foul) Referee's position, with a line to the foul position and description  
 \_\_\_\_\_ (Ball) Referee's position, with a line to ball position where last played, for shot on goal or ball over goal-line  
 \_\_\_\_\_ (Ball) Referee's position, with a line to ball position where last played, when a goal is scored

Game Difficulty  
 1-2: Easy; 3-4: Below Average; 5: Average; 6-7: Challenging; 8-9: Extremely Challenging  
 (Note: Average means "A Typical AYSO Regular Season Match")

## Second Half

**Home Team**

\_\_\_\_\_ Name

\_\_\_\_\_ Color

**Score:** (Min./No.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Caution:** (Min./No.)

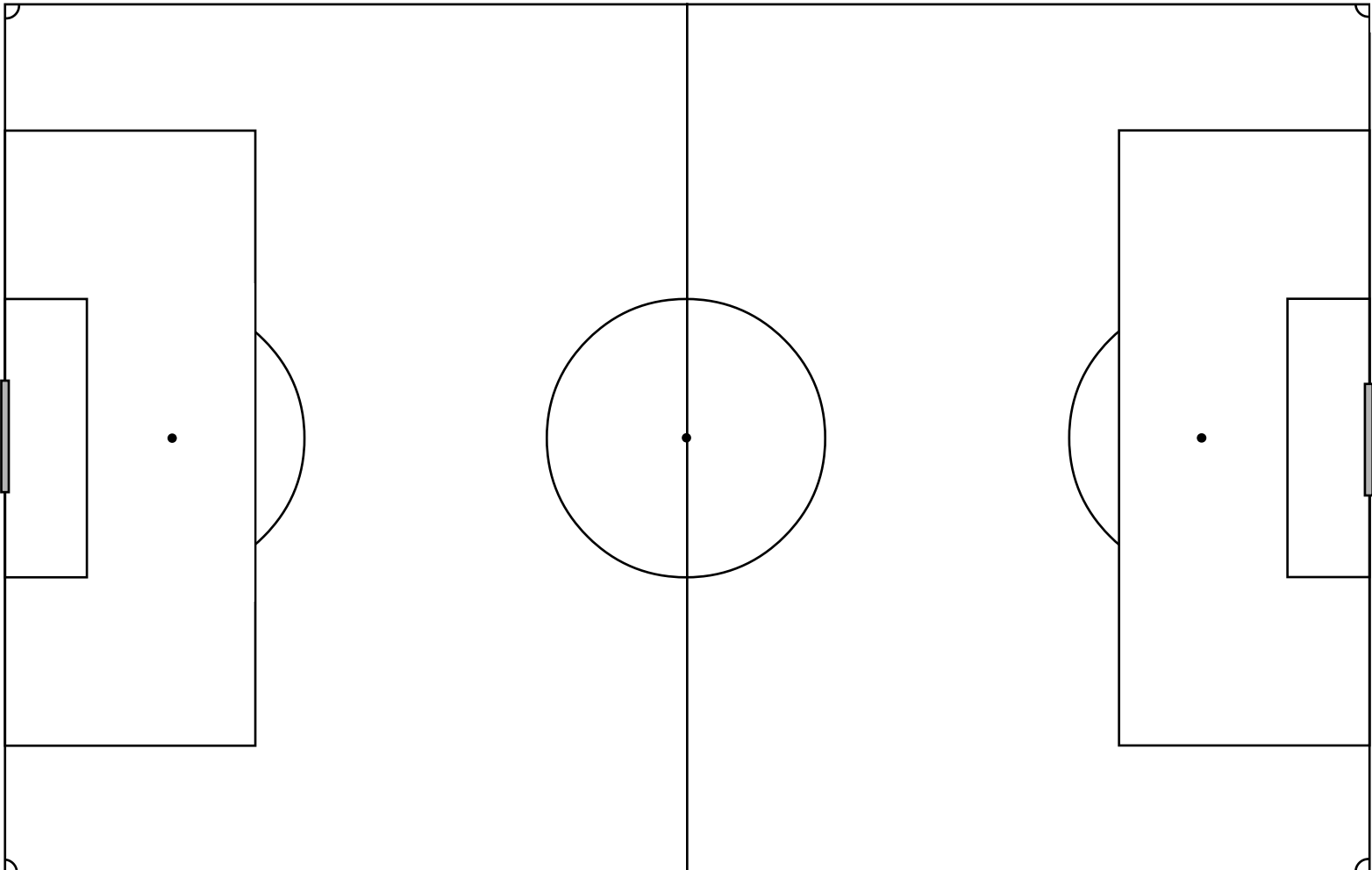
\_\_\_\_\_

\_\_\_\_\_

**Send Off:** (Min./No.)

\_\_\_\_\_

\_\_\_\_\_



**Away Team**

\_\_\_\_\_ Name

\_\_\_\_\_ Color

**Score:** (Min./No.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Caution:** (Min./No.)

\_\_\_\_\_

\_\_\_\_\_

**Send Off:** (Min./No.)

\_\_\_\_\_

\_\_\_\_\_



Final Score: \_\_\_\_\_ Assessor's Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_





# 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 \_\_\_\_\_