



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.

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: _____

Additional Comments: _____

Optional Information (will be kept confidential)

Referee's Name _____ Region No. _____

Address _____

Telephone Number _____ E-mail _____