

# ASSESSMENT VERIFICATION

(Rev June 2025)



Candidate's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

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 \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

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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# ASSESSMENT VERIFICATION



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Address \_\_\_\_\_

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Phone \_\_\_\_\_ Section \_\_\_\_\_ Area \_\_\_\_\_ Region \_\_\_\_\_

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Service Assessment  Recommended for Upgrade  Recommended for further observation

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

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

# Comments by Referee or Assistant Referee

Major Strengths:

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

Areas to Strengthen:

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

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## Comments by Assessor

Major Strengths:

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

Areas to Strengthen:

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



# AYSO Assistant Referee Assessment Check-List

June 2025

Date: \_\_\_\_\_  
 Candidate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 S/A/R: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Field: \_\_\_\_\_

Time: \_\_\_\_\_  
 Assessor: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Home Team: \_\_\_\_\_  
 Away Team: \_\_\_\_\_

Assessment for Upgrade to Level

Advanced

National

	Acceptable	Not Acceptable	Not Observed		Acceptable	Not Acceptable	Not Observed
<b>1. DRESS AND APPEARANCE</b>							
a. Correct Uniform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. Appropriate Badge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>2. PRE-GAME</b>							
<i>Organization</i>							
Arrival at proper time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Instructions to Assistant Referees</b>							
Asks for clarification of items missed in referee's instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>3. FITNESS</b>							
a. Keeps up with play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. Capable of sprinting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c. Adequate side-stepping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>4. ATTITUDE</b>							
a. Shows respect for fellow officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. Shows respect for players, coaches and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c. Shows confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>5. COURAGE, CHARACTER, CONSISTENCY</b>							
a. Maintains composure and concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. Unaffected by appeals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c. Approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>6. POSITIONING, MECHANICS, SIGNALS</b>							
<b>Set Plays</b>							
a. Kick-off positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. Goal kick positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c. Corner kick positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
d. Throw-in positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
e. Penalty kick positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
f. Free kick positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Dynamic Play</b>							
a. During attacks stays with offside line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. Follows ball to goal line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c. Offside: ensures player's participation before signaling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Diagonal System of Control</b>							
Assistant referee knows the mechanics of the diagonal System of Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Coordination and Cooperation</b>							
a. Follows referee's instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. Eye contact between officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c. Officials enter and exit the field as a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Signals</b>							
a. Uses approved signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. Uses clear signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c. Signals as instructed by referee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
d. Mirrors signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Comments**

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

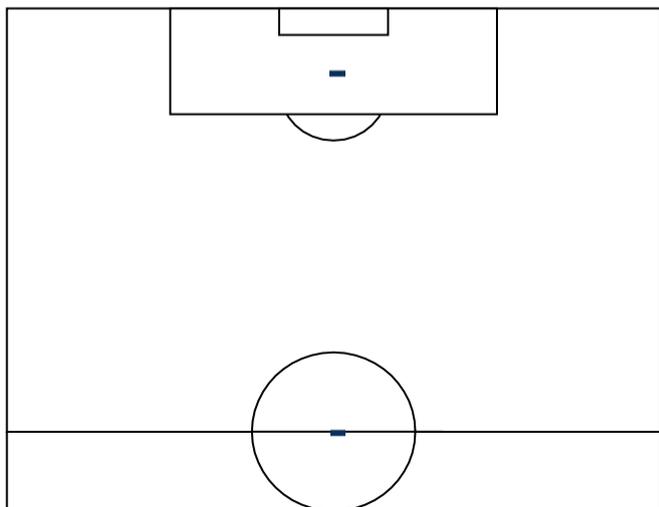
**SCORE:** First Half \_\_\_\_\_ Second Half: \_\_\_\_\_

**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.

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 \_\_\_\_\_