

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: _____

ASSESSMENT VERIFICATION



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: _____

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

June 2025

Date: _____
Candidate: _____
Address: _____

Phone: _____
Email: _____
S/A/R: _____ / _____ / _____

Time: _____
Assessor: _____
E-Mail: _____
Phone: _____
Division: _____
Home Team: _____
Away Team: _____
Field: _____

Assessment for Upgrade to Level

Advanced

National

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



AYSO Referee Assessment Check-List

June 2025

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

COMMENTS

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

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

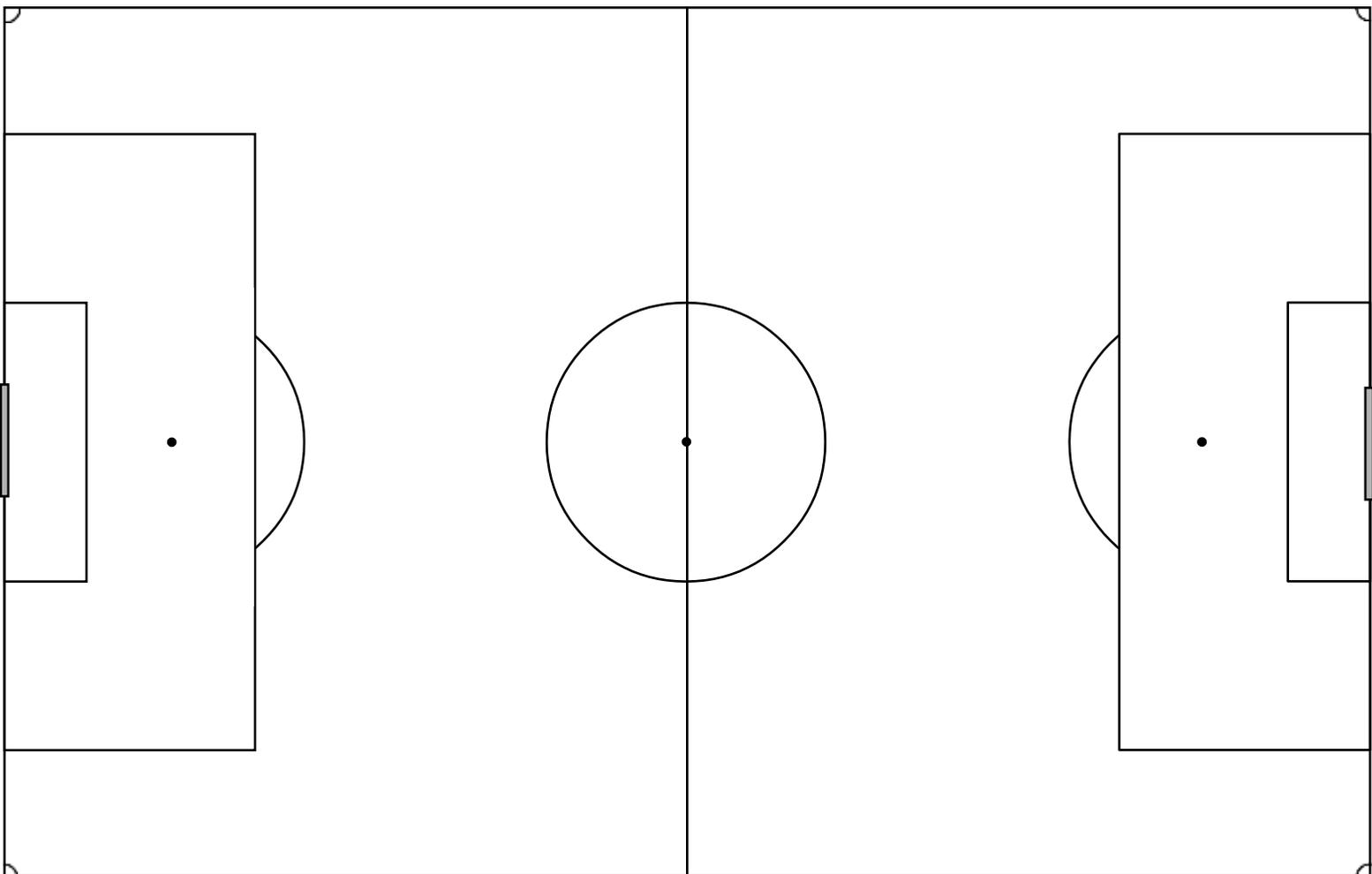
_____ Name

_____ 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.)



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

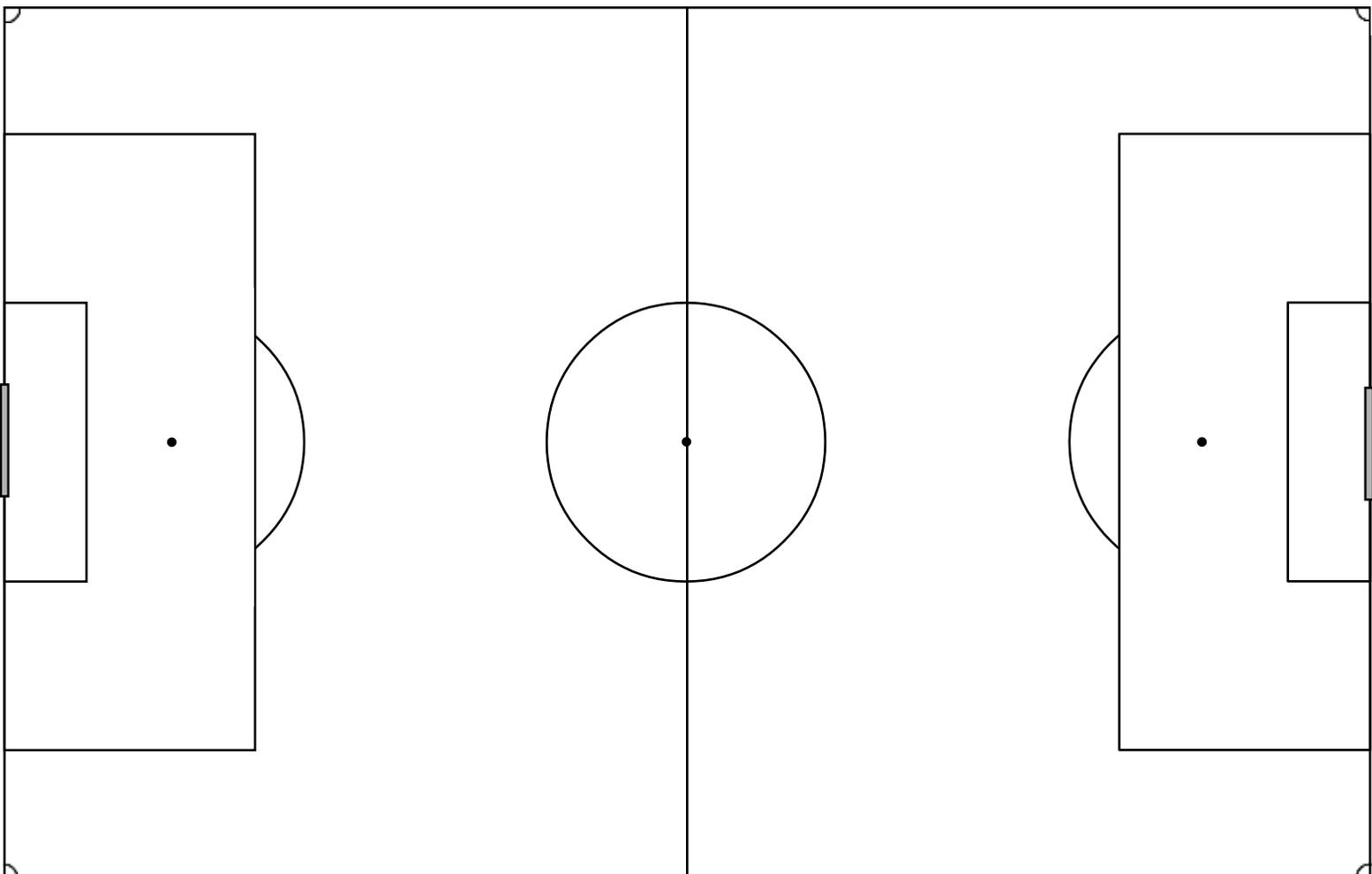
_____ Name

_____ 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.)





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 _____