

**AYSO National Referee Program  
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 **AYSO National Support Center, Attn. Officiating Dept., Post Office Box 5045, Hawthorne, CA 90251-5045.**

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

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

For what level referee were you being assessed? -- Section National 2 National 1 (Circle one)

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

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

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

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

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

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

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

Additional comments: \_\_\_\_\_

*Optional Information (will be kept confidential)*

*Referee's name:* \_\_\_\_\_ *Region No.* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Telephone No.* \_\_\_\_\_