



AYSO Assistant Referee Assessment Check-List

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 |
|---|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| 1. DRESS AND APPEARANCE | | | | 6. POSITIONING, MECHANICS, SIGNALS | | | |
| a. Correct Uniform | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Set Plays | | | |
| b. Appropriate Badge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Kick-off positioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. PRE-GAME | | | | b. Goal kick positioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Organization</i> | | | | c. Corner kick positioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrival at proper time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Throw-in positioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Instructions to Assistant Referees | | | | e. Penalty kick positioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asks for clarification of items missed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Free kick positioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| in referee's instructions | | | | Dynamic Play | | | |
| 3. FITNESS | | | | a. During attacks stays with offside line | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Keeps up with play | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Follows ball to goal line | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Capable of sprinting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Offside: ensures player's participation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Adequate side-stepping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | before signaling | | | |
| 4. ATTITUDE | | | | Diagonal System of Control | | | |
| a. Shows respect for fellow officials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assistant referee knows the mechanics of the | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Shows respect for players, coaches and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | diagonal System of Control | | | |
| others | | | | Coordination and Cooperation | | | |
| c. Shows confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Follows referee's instructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. COURAGE, CHARACTER, CONSISTENCY | | | | b. Eye contact between officials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Maintains composure and concentration | <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. Unaffected by appeals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signals | | | |
| c. Approachable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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

