



# 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 & Training Center, Attn Officiating Dept., 12501 S Isis Ave, Hawthorne, CA 90250.**

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

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

For what level were you being assessed?    Advanced            National            (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 Number* \_\_\_\_\_