



**United States Soccer Federation**

**ASSESSOR'S FEEDBACK TO GAME OFFICIAL**

GAME DATE	LOCATION: CITY/STATE/FIELD	HOME TEAM	VISITING TEAM

<b>WERE THE QUALITY AND LEVEL OF PLAY A SUFFICIENT TEST FOR THE OFFICIAL?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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OFFICIAL'S FULL PROPER NAME	GRADE	STATE	ASSESSOR'S FULL PROPER NAME	GRADE	STATE

<b>DEGREE OF DIFFICULTY OF GAME?</b>	<input type="checkbox"/> EASY	<input type="checkbox"/> COMPETITIVE	<input type="checkbox"/> VERY DIFFICULT
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<b>POSITION</b>	<input type="checkbox"/> REFEREE	<input type="checkbox"/> ASST.	<b>WAS THE PERFORMANCE OF THE OFFICIAL ACCEPTABLE?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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<b>RECOMMENDATION</b>	<input type="checkbox"/> FURTHER EVALUATION NEEDED AT THIS LEVEL OF COMPETITION	<input type="checkbox"/> GRADE RETENTION	<input type="checkbox"/> UPGRADE
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<b>Areas of Proficiency</b>	

<b>Alternative Practices to Employ &amp; New Skills to Develop</b>	
<b>1</b>	
<b>2</b>	
<b>3</b>	

<b>Action Plan</b>	
<b>1</b>	
<b>2</b>	
<b>3</b>	

<b>Assessor's Signature</b>	<b>Telephone</b>	<b>Date</b>

**DISTRIBUTION**  
 Assessor will give or send each official a photocopy of their personal Feedback as soon as possible, but no later than 7 days after the game.