



United States Soccer Federation

REPORT OF ASSESSMENT OF GAME OFFICIALS

POSITION	OFFICIAL'S FULL PROPER NAME	SOCIAL SECURITY #	GRADE	STATE	WERE QUALITY AND LEVEL OF PLAY A SUFFICIENT TEST?
REFEREE					<input type="checkbox"/> YES <input type="checkbox"/> NO
ASST. #1					<input type="checkbox"/> YES <input type="checkbox"/> NO
ASST. #2					<input type="checkbox"/> YES <input type="checkbox"/> NO
GAME DATE		LOCATION: CITY/STATE/FIELD		HOME TEAM	VISITING TEAM
MO	/DAY	/YR			
Level of Play	MALE <input type="checkbox"/>	Top USSF National <input type="checkbox"/>	Amateur Div. 1 <input type="checkbox"/>	Youth U-19 <input type="checkbox"/>	
	FEMALE <input type="checkbox"/>	Regional League <input type="checkbox"/>	Other Amateur <input type="checkbox"/>	Other Youth <input type="checkbox"/>	U- <input type="checkbox"/>
ASSESSOR NAME			GRADE	STATE	TEL.
ADDRESS			CITY/STATE/ZIP		
WAS THE PERFORMANCE OF THE REFEREE ACCEPTABLE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PERFORMANCE EVALUATION					
REFEREE		ASSISTANT REFEREE #1		ASSISTANT REFEREE #2	
1 APPEARANCE	2 _____	1 APPEARANCE	2 _____	1 APPEARANCE	2 _____
2 PRE-GAME	3 _____	2 PRE-GAME	3 _____	2 PRE-GAME	3 _____
3 FITNESS	5 _____	3 FITNESS	5 _____	3 FITNESS	5 _____
4 ATTITUDE	5 _____	4 ATTITUDE	5 _____	4 ATTITUDE	5 _____
5 COURAGE, CHARACTER, AND CONSISTENCY	20 _____	5 COURAGE, CHARACTER, AND CONSISTENCY	25 _____	5 COURAGE, CHARACTER, AND CONSISTENCY	25 _____
6 POSITIONING AND SIGNALS	15 _____	6 POSITIONING/SIGNALS	15 _____	6 POSITIONING/SIGNALS	15 _____
7 ACCURACY OF DECISION	25 _____	7 ASSISTANCE-GOAL LINE, TOUCHLINE	20 _____	7 ASSISTANCE-GOAL LINE, TOUCHLINE	20 _____
8 CONTROL	25 _____	8 ASSISTANCE-FOULS AND MISCONDUCT	25 _____	8 ASSISTANCE-FOULS AND MISCONDUCT	25 _____
TOTAL		TOTAL		TOTAL	
DEGREE OF DIFFICULTY OF THE GAME?		<input type="checkbox"/> EASY	<input type="checkbox"/> COMPETITIVE	<input type="checkbox"/> VERY DIFFICULT	
Assessor's Recommendations as to the performance of:					
Referee	<input type="checkbox"/> FURTHER EVALUATION NEEDED AT THIS LEVEL OF COMPETITION		<input type="checkbox"/> GRADE RETENTION	<input type="checkbox"/> UPGRADE	
Rationale					
ASST. #1	<input type="checkbox"/> FURTHER EVALUATION NEEDED AT THIS LEVEL OF COMPETITION		<input type="checkbox"/> GRADE RETENTION	<input type="checkbox"/> UPGRADE	
Rationale					
ASST. #2	<input type="checkbox"/> FURTHER EVALUATION NEEDED AT THIS LEVEL OF COMPETITION		<input type="checkbox"/> GRADE RETENTION	<input type="checkbox"/> UPGRADE	
Rationale					
ASSESSOR SIGNATURE			DATE		
DISTRIBUTION: ORIGINAL - ASSESSOR RETAIN IN FILE. COPY - STATE DIRECTOR OF REFEREE ASSESSMENT					
NOTE: IF STATE 1, NATIONAL OR INTERNATIONAL REFEREE IS ASSESSED AS REFEREE OR LINESPERSON COPIES TO REGIONAL ASSESSOR COORDINATOR AND USSF					