United States Soccer Federation

YOUTH TOURNAMENT ASSESSMENT FORM

POSITION	☐ REFEREE	☐ ASSISTANT REFEREE

GAME DATE/TIME/NO.	LOCATION: CITY/STATE/FIELD	HOME TEAM	VISITING TEAM

OFFICIAL'S FULL PROPER NAME	GRADE	STATE	ASSESSOR'S FULL PROPER NAME	GRADE	STATE

DEGREE OF DIFFICULTY OF GAME?	☐ EASY	☐ COMPETITIVE	☐ VERY DIFFICULT

Level of Play							
	MALE ☐		☐ U-11	☐ U-13	☐ U-15	☐ U-17	☐ U-19
	FEMALE ☐		☐ U-12	☐ U-14	☐ U-16	☐ U-18	☐ U-20

	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	PROBLEM AREAS
1.0 Appearance	☐	☐	☐	☐	☐	
2.0 Pregame	☐	☐	☐	☐	☐	
3.0 Fitness	☐	☐	☐	☐	☐	
4.0 Attitude	☐	☐	☐	☐	☐	
5.0 Courage, Character, Consistency	☐	☐	☐	☐	☐	
6.0 Positioning, Mechanics, Signals	☐	☐	☐	☐	☐	
7.0 Accuracy of Decision 7.1 Assistance: Goal Line, Touchline, Offside	☐	☐	☐	☐	☐	
8.0 Control 8.1 Assistance: Fouls & MisconductS	☐	☐	☐	☐	☐	

COMMENTS:

Assessor's Signature		Telephone		Date	

DISTRIBUTION

Original to Tournament Assessor Coordinator, Copy to Official , Copy retained by Assessor

Mackey 4-20-2002