



# AYSO Assessment Feedback Form

National Referee Program  
Revision 8/08

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 Office, Attn Officiating Dept. 19750 S. Vermont Ave., Ste 200, Torrance, CA 90250.

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

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

For what level were you being assessed? Advanced National Service (Circle One)

Who assigned your assessor? \_\_\_\_\_

Was the assessment a positive experience? Yes \_\_\_\_ No \_\_\_\_

Were the Assessor's comments consistent with your training? Yes \_\_\_\_ No \_\_\_\_

Would you welcome another assessment by this assessor? Yes \_\_\_\_ No \_\_\_\_

What could the assessor have done differently to improve the assessment process or assessment feedback: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Optional Information (will be kept confidential)

Referee's Name \_\_\_\_\_ Region No. \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_