



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 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 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 _____

National Referee Program
Revision 8/08