



UNITED STATES SOCCER FEDERATION

Assistant Referee DEVELOPMENT AND GUIDANCE FORM

Assistant Ref. _____ State _____ Grade _____
 Assessor _____ State _____ Grade _____
 Competition _____ Date ____/____/____
 Location _____ Time _____
 Home Team _____ Visiting Team _____

Level Of Competition U-12 U-13 U-14 U-15 U-16 U-17 U-18 U-19

DRESS AND APPEARANCE	YES	SOME-TIMES	NO
• Looked neat and well-groomed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appeared confident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Were first impressions good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: _____			

PRE-GAME	YES	SOME-TIMES	NO
• Arrived on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Field inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equipment inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pre-game procedures followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: _____			

FITNESS	YES	SOME-TIMES	NO
• Accelerated when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Recovered from deep position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appeared fit throughout entire game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Kept up with play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: _____			

ATTITUDE	YES	SOME-TIMES	NO
• Kept cool under pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was mentally prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Showed respect for players?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appeared to enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Joined ref promptly at half & fulltime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: _____			

COURAGE/CHARACTER/CONSISTENCY	YES	SOME-TIMES	NO
• Gave signals promptly and firmly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Unaffected by appeals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timely decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Substitutions applied correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was approachable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maintained composure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Consistent in decision making?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: _____			

POSITION/MECHANICS/SIGNALS	YES	SOME-TIMES	NO
• Kick-offs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Free kicks near goal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Penalty kicks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Throw-ins?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Goalkicks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Corner kicks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Substitutions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Follows ball to goal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Flag in correct hand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Offside - square to field? Flag angle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Offside - no ball-watching/driftng?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: _____			

OFFSIDE/GOAL LINE/TOUCHLINE	YES	SOME-TIMES	NO
• Throw-in direction clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Throw-ins - own half/both?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Goal line - timely and necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Recogn. offside position vs infraction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Avoided use of non-USSF signals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: _____			

FOULS/MISCONDUCT	YES	SOME-TIMES	NO
• Assisted accurately in timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Checked for need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Covered proper areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Free kicks within sphere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assisted referee for serious incidents, including offenses in penalty area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Stopped encroachment at corner kicks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Major incident - entered/observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: _____			

RECOMMENDATION
<input type="checkbox"/> Further evaluation at this level.
<input type="checkbox"/> Grade retention
<input type="checkbox"/> Upgrade
(The assessor is not required to complete a recommendation.)

ASSESSOR SIGNATURE _____ DATE: _____