AYSO National Referee Program

Field Evaluation Worksheet -- Alternative Two

_____	Referee's Name: _____ Date: _____ Division: _____		_____
Asst. Referee AR1	Areas Handled Well	Possible Areas of Improvement	Asst. Referee AR2

Half: First: _____ Second: _____ **Score:** Home: _____ Away: _____

Home Team: Name: _____ Color: _____	Away Team: Name: _____ Color: _____
Scores: (Min./No.)	Scores: (Min./No.)
Cautions: (Min./No.)	Cautions: (Min./No.)
Send-Off: (Min./No.)	Send-Off: (Min./No.)

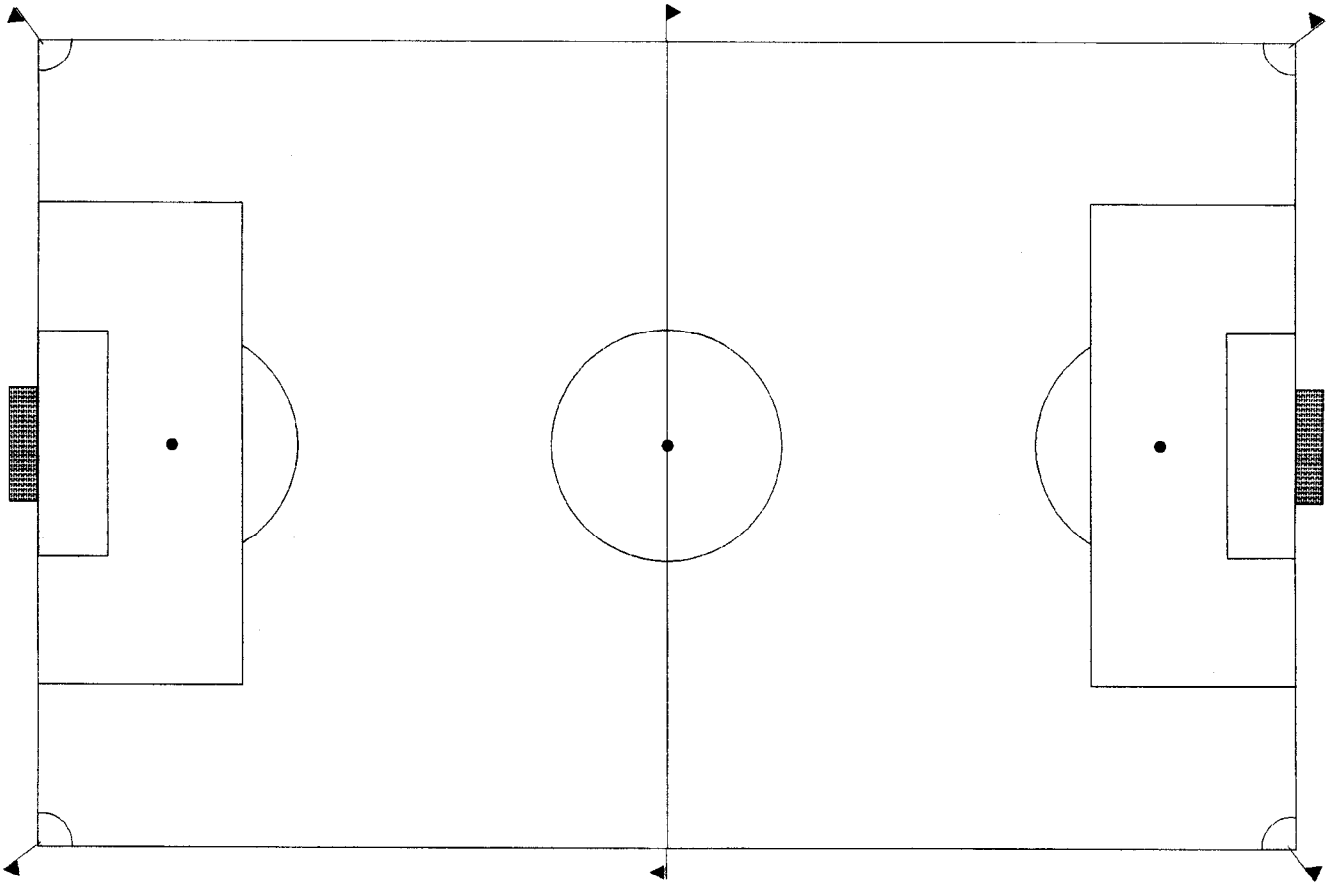
Game Difficulty: Circle appropriate phrase based upon *"average"* being a typical AYSO regular season match.

Easy *Below Average* *Average* *Challenging* *Extremely Challenging*

R --------(Foul) Referee's position, with line to the foul position and description

O --------(Ball) Referee's position, with a line to ball position where last played, for shot on goal or ball over goal line

☐ -------(Ball) Referee's position, with a line to ball position where last played, when goal is scored



Assessor's Name: _____ **Date:** _____ **Soc. Sec. No.:** _____