

Assistant Referee Checklist

Name _____

Date Observed _____

Instructions

During and at the end of the match the observer should tick off the items observed - use the boxes. When the item has been noted (once or twice - see below) the assistant referee has demonstrated that competency. Observers are encouraged to write a coaching sheet to provide additional feedback.

General Items	1st Check	2nd Check
Arrived in good time for the match.....	<input type="checkbox"/>	
Good personal appearance.....	<input type="checkbox"/>	
Uniform complete, clean, presentable.....	<input type="checkbox"/>	
Equipment complete, in good order.....	<input type="checkbox"/>	
Records significant events during the match.....	<input type="checkbox"/>	<input type="checkbox"/>
Positive attitude and presentation.....	<input type="checkbox"/>	<input type="checkbox"/>
Performance of Duties		
Attends pre-match instructions.....	<input type="checkbox"/>	
Carries out pre-match instructions.....	<input type="checkbox"/>	<input type="checkbox"/>
Basic positioning OK.....	<input type="checkbox"/>	<input type="checkbox"/>
Basic movement pattern OK.....	<input type="checkbox"/>	<input type="checkbox"/>
Signals: generally sharp and clear.....	<input type="checkbox"/>	<input type="checkbox"/>
Signals: correct for goal kick.....	<input type="checkbox"/>	<input type="checkbox"/>
Signals: correct for throw in.....	<input type="checkbox"/>	<input type="checkbox"/>
Signals: correct for corner kick.....	<input type="checkbox"/>	<input type="checkbox"/>
Signals: correct for penalty.....	<input type="checkbox"/>	<input type="checkbox"/>
Signals: one part when appropriate.....	<input type="checkbox"/>	<input type="checkbox"/>
Holds flag in appropriate hand.....	<input type="checkbox"/>	<input type="checkbox"/>
Didn't 'take over' from Ref.....	<input type="checkbox"/>	
Carries flag pitch side.....	<input type="checkbox"/>	<input type="checkbox"/>
Regular eye contact with ref.....	<input type="checkbox"/>	<input type="checkbox"/>
Enters and leaves field with colleagues.....	<input type="checkbox"/>	<input type="checkbox"/>
Gives support, assistance.....	<input type="checkbox"/>	<input type="checkbox"/>
Monitors Technical Area.....	<input type="checkbox"/>	<input type="checkbox"/>

Any additional coaching advice

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Assessment Decision

Competent

Not Yet Competent

Assessor's name _____

Signature _____

Date _____