

New Hampshire Wrestling Officials Evaluation Form

****To be returned too and exclusive use of the NHWOA Evaluation Committee****

Officials Name	Date	Var. JV Frosh Youth Level (circle one)
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Observer's Name	Vis/Home Team or Tourney Site
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Please observe a minimum of five (5) bouts before completing the evaluation form below. Use the following ratings scale and place the performance number in the blank space provided following each category. Please provide comments when appropriate.

5 – Excellent 4- Above Average 3- Average 2- Below Average 1- Not Acceptable

MECHANICS: _____ (Positioning, Anticipation, Movement) Comments-
KNOWLEDGE OF THE RULES: _____ (Making the right calls in the right fashion) Comments-
MATCH CONTROL: _____ (Communication with Coaches, Wrestlers & Table) Comments-
JUDGEMENT: _____ (Consistency, Edge of mat, Control) Comments-
APPEARANCE: _____ (Proper Uniform, Attitude, Confidence) Comments-

OVERALL RATING: _____

Return this form to the NHWOA Evaluation Committee or the NHWOA President upon completion.