



NCAA WRESTLING OFFICIAL'S EVALUATION FORM

REFEREE NAME	REF #	DATE	HOME TEAM	OPPONENT	HOME COACH	VISITING COACH
				Score:	Score:	

PLEASE ASSESS THE OFFICIAL USING THE 1 - 5 SCALE AS DESCRIBED WITH EACH NUMBER

5	4	3	2	1
EXCELLENT	VERY GOOD	AVERAGE	BELOW AVERAGE	POOR
(Exceptional)	(Accomplished)	(Minor changes needed)	(substantial changes needed)	(Not Accomplished)

	MARK EACH CATEGORY					COMMENTS
	5	4	3	2	1	
Judgment / Edge of Mat / Determining Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanics / Movement/ Anticipation / Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stalling / Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signals / Visual / Verbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poise / Command of Match / Knowledge of New Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professionalism - Dealing w/Coaches and Athletes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Judgment / Poise on Video Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty of Match	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

See Next Page for Additional Comments



GENERAL COMMENTS

STRENGTHS

AREAS TO REVIEW/IMPROVE ON
