

**ORANGE COUNTY WRESTLING OFFICIALS ASSOCIATION
(OCWOA)
OFFICIALS EVALUATION FORM**

Official's Name: _____

Current Rating: C B A

Evaluator:		Date:		Event:				Varsity JV F/S Girls (Circle those that apply)								
Category	Needs Improvement		Meets Expectations		Exceeds Expectations		Does Well (Comments are required.)					Needs to Improve (Comments are required.)				
Mechanics: Signals, verbal commands, whistle, positioning, anticipation, near fall counts	1	2	3	4	5	NA										
Judgment: Edge of mat calls, recognition of stalling/fleeing the mat, application of rules, safety of wrestlers, preventive officiating	1	2	3	4	5	NA										
Knowledge of Rules: Penalty/illegal hold awareness, starting positions, proper scoring, injury restarts, O/T procedure	1	2	3	4	5	NA										
Match Control: Decisiveness, confidence, poise, handling of problems, communication with table, sells calls with authority, ability to justify/explain calls	1	2	3	4	5	NA										
Demeanor and Professionalism: Punctuality, no extended breaks, works well with others, displays positive attitude, seeks to improve, accepts advice, avoids appearance of bias	1	2	3	4	5	NA										
Appearance: Proper uniform Grooming Physical Fitness	1	2	3	4	5	NA										

Officials wishing to be considered for advancement must submit a minimum of 3 completed evaluations with comments from 3 different AA officials. Your completed forms must be submitted to Dejan Savich by E-mail to the dejan.savich@gmail.com. PDF file format is preferred.

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COMMENTS CONTINUED

Category	Does Well	Needs to Improve
Mechanics		
Judgment		
Knowledge of Rules		
Match Control		
Demeanor and Professionalism		
Appearance		

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