



## N.Y.S.P.H.S.A.A. STATE WRESTLING TOURNAMENT OFFICIALS EVALUATION FORM

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POSITIVE EVALUATION

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NEGATIVE EVALUATION

**The official you are evaluating:**

☐

# Assigned on Shirt Name (If known) \_\_\_\_\_

Section official is representing (if known)

☐

**The person doing the evaluation:**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Section: ☐

Title: \_\_\_\_\_

**The match you are evaluating (if applicable):**

Division

☐

Friday or Saturday

Circle

Round: \_\_\_\_\_

Mat #

☐

Bout #

☐

**Participants:**

Wt: \_\_\_\_\_ lbs. Wrestler's Name: \_\_\_\_\_ School \_\_\_\_\_ S# ☐

Wt: \_\_\_\_\_ lbs. Wrestler's Name: \_\_\_\_\_ School \_\_\_\_\_ S# ☐

**Comments on the official listed above:** (continue on back if needed)

Return this evaluation form to your Sectional Chairman. (include a copy of video if one is available)

Sectional Chairman returns form to Frank Marotta (NYSWOA)