



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

POSITIVE EVALUATION

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 Round: _____ Mat # Bout #
Circle

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)

[Large empty box for comments]

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)