

Texas Wrestling Officials Association

DFW Chapter



Referee Evaluation Form

Referee's Name: _____

Evaluator's Name: _____

Event: _____

Date: ___ / ___ / ____

Evaluation Standards

- 1 Rookie Level
- 2 Local Finals Capable
- 3 District Capable
- 4 District Finals / Regional Capable
- 5 Region Finals / State Capable
- 6 State Finals Capable

Item	Evaluation (circle one or two)	Comments (print – use backside as needed)
<u>MECHANICS</u> Positioning Movement Match procedures	1 2 3 4 5 6	
<u>SIGNALS</u> Whistle Visual / Verbal Demonstrative	1 2 3 4 5 6	
<u>RULE KNOWLEDGE</u> Intent / Spirit Application	1 2 3 4 5 6	
<u>JUDGMENT</u> Consistency / Criteria Edge of Mat Determining Control	1 2 3 4 5 6	
<u>MATCH CONTROL</u> Poise Communication Flow	1 2 3 4 5 6	
<u>STALLING</u> Recognition Consistency	1 2 3 4 5 6	
<u>TEAMING</u> REFEREE or ASSISTANT (circle one) Effectiveness Coordination Positioning	N/A 1 2 3 4 5 6	