Canadian Amateur Wrestling Officials Association

CLINICIAN'S RATING FORM

Clinician's Name:_____ Tournament: _____
Date:_____ Rated by: _____Were you attempting to upgrade? Y / N

1. Clinic E G F P Comments
-preparation
-organized
-informative
-interesting
-exam

2. Leadership
-supportive atmosphere
-reinforcement to officials

3. Knowledge of the rules
-rules explained clearly and fully
- Informed of CAWOA/CAWA policies & procedures

4 Communication
-with coaches and officials
-meeting with the clinician to discuss your performance
-criticism fair and constructive

5 Team Work
- made use of Mat Chairs/ Apprentices
- P.M. co-ordination

6 Comments

_____

_____

_____

I would rate this clinician as being: E G F P

Your feedback is important. To help improve the deliverance of future clinics, please return this form to either the clinician, or to the CAWOA V.P. National

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