

BCWOA Evaluation Form

Name: _____ Ranking: _____ Session #: _____

Clinician: _____ Mat Chairman: _____

Date: _____ Tournament: _____

TECHNICAL ASPECTS

COMMENTS

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| <u>Positioning</u> (Standing, Fall, Par Terre) | |
| <u>Standing Out of Bounds</u> (Timing, Position, Scoring, Points) | |
| <u>Par Terre Out of Bounds</u> (Flee the mat) | |
| <u>Match Control</u> (Injury, Video Replay) | |
| <u>Coaches</u> (MC – Coach Conferences) | |
| <u>Clinch Situations</u> (Position, Control, Rule Application) | |
| <u>Mat Chairman's Comments</u> | |

Recommendation: _____

MC Signature: _____