



Date

Field #

Manager

League

Team

Fill in this form and give to your League Director.

UMPIRE EVALUATION FORM

Umpire Name: _____

Check One:

Home Base

- | | | | |
|------------------------|---------------------------------------|---|--|
| Punctuality | <input type="checkbox"/> On time | <input type="checkbox"/> Last minute | <input type="checkbox"/> Late |
| Safety Issues | <input type="checkbox"/> Preemptive | <input type="checkbox"/> Near miss(es) | <input type="checkbox"/> Accident(s) |
| Rules Knowledge | <input type="checkbox"/> All okay | <input type="checkbox"/> One mistake | <input type="checkbox"/> More than one |
| Consistency | <input type="checkbox"/> Always same | <input type="checkbox"/> Occasional lapses | <input type="checkbox"/> Frequent lapses |
| Hustle | <input type="checkbox"/> In position | <input type="checkbox"/> Occasional lapses | <input type="checkbox"/> Frequently OOP* |
| Game Management | <input type="checkbox"/> Keeps moving | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Poor |
| Strike Zone | <input type="checkbox"/> Consistent | <input type="checkbox"/> Usually consistent | <input type="checkbox"/> Poor |
| Demeanor | <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| Overall | <input type="checkbox"/> Excellent | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Poor |

*Out of position

Comments (explain any checks in last column): _____



Date

Field #

Manager

League

Team

Fill in this form and give to your League Director.

UMPIRE EVALUATION FORM

Umpire Name: _____

Check One:

Home Base

- | | | | |
|------------------------|---------------------------------------|---|--|
| Punctuality | <input type="checkbox"/> On time | <input type="checkbox"/> Last minute | <input type="checkbox"/> Late |
| Safety Issues | <input type="checkbox"/> Preemptive | <input type="checkbox"/> Near miss(es) | <input type="checkbox"/> Accident(s) |
| Rules Knowledge | <input type="checkbox"/> All okay | <input type="checkbox"/> One mistake | <input type="checkbox"/> More than one |
| Consistency | <input type="checkbox"/> Always same | <input type="checkbox"/> Occasional lapses | <input type="checkbox"/> Frequent lapses |
| Hustle | <input type="checkbox"/> In position | <input type="checkbox"/> Occasional lapses | <input type="checkbox"/> Frequently OOP* |
| Game Management | <input type="checkbox"/> Keeps moving | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Poor |
| Strike Zone | <input type="checkbox"/> Consistent | <input type="checkbox"/> Usually consistent | <input type="checkbox"/> Poor |
| Demeanor | <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| Overall | <input type="checkbox"/> Excellent | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Poor |

*Out of position

Comments (explain any checks in last column): _____

