



2016 Umpire Evaluation Report (Please submit after each league game)

Date: _____ Field: _____

Game Time: _____ Team Name: _____

Home Plate Umpire: _____ Number _____

	Poor	Fair	Good	Excellent
Ball/Strike Consistency	1	2	3	4
Hustle (In Position)	1	2	3	4
Control of Game	1	2	3	4
Rule Knowledge	1	2	3	4
Attitude, Conduct	1	2	3	4
Overall Rating	_____ (Total above ratings)			

Field Umpire: _____ Number _____

	Poor	Fair	Good	Excellent
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Hustle (In Position)	1	2	3	4
Control of Game	1	2	3	4
Rule Knowledge	1	2	3	4
Attitude, Conduct	1	2	3	4
Overall Rating	_____ (Total above ratings)			

Comments: (Please comment on any rating of 1)

******* To be completed by League Officials only *******

Submitted date:	Age Group	Director	Priority of Complaint
Assigned to:	Result		