# COACHES UMPIRE EVALUATION

COPPERSTATE UMPIRE ASSOCIATION

**Date:** _____ **Game Time:** _____ **Score:** _____ **Umpire's name:** _____

**Winning Team:** _____ **Home Team:** _____ **Visiting Team:** _____

**Circle the appropriate number(s) for each category**

**5 - Absolutely Superior  4 - Above Standards  3 - Meets Standards  2 - Marginal  1 - Below Standards**

**All ratings mark 2.5 or below must be accompanied with a written statement articulating the reason for low rating**

| | | | | | | |
|---|---|---|---|---|---|---|
| **PROFESSIONAL APPEARANCE** | **5** | **4** | **3** | **2** | **1** | |
| **MOBILITY / HUSTLE** | **5** | **4** | **3** | **2** | **1** | |
| **RULES** | **5** | **4** | **3** | **2** | **1** | |
| **HANDLING SITUATIONS** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| **PLATE WORK** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| **BASE WORK** | **5** | **4** | **3** | **2** | **1** | **N/A** |

**Overall comments:** _____
(Use back if necessary)

_____

**Overall Evaluation  5  4  3  2  1**  **Signature:** _____ _____ /

**Head Coach Signature**  **Time and Date Completed**

***All forms must be completed and sent to Copperstate Umpire Supervisor, Mark Hratko.***

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