

Umpire: _____

Evaluator: _____

Level: _____

Date: _____

Good	Need Work	N/A	
			Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uniform Clean/Wrinkle Free
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean Shoes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean Hat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean Shaven
			Mobility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live Ball Movement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dead Ball Movement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level of Hustle
			Mechanics/Style
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoothness & Assertiveness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clear & Decisive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Timing
			Voice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate Tone & Loudness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voice Coincides w/Mechanics
			Demeanor & Attitude
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project of Confidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Focus on Game
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Body Language
			Communication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Play Eye Contact & Signals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-Play Communication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fly Ball Communication

Good	Need Work	N/A	
			Judgement of Plays
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair/Foul
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Catch/No Catch
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Force Plays
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tag Plays
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steals/Pick-Offs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Base Touches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rule Infractions
			Timing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Force Plays
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tag Plays
			Instincts/Reaction Plays
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Play Development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Positioning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaction - Next Possible Play
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaction - Partner Movement
			Handling Situations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount/Type of Language
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control of Situation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posture & Focus After
			Application of Rules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correct Rule Interpretations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application of Rules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approach to Apply Rules

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Utilized Correct Positions ("A", "B", "C", etc)
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Used Proper Safe Mechanic (Arms Straight Out from Chest)
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Was Stationary Prior to Making Call
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Was Ready & Set For Pitches While in "A"
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Followed Throws to 1B w/Chest & Eyes (Let Ball Turn You into Play)
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Used Proper Angles & Positioning on plays at 1B from "A"
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Timed Pivot at 1B to Coincide with BR Touching 1B
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Correctly Used "Pause, Read, and React"
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Used "Hands on Knees" Stance in "B" and "C"
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Obtained Proper Angles on Plays from "B" and "C"
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Stayed Alert for Obstruction/Interference/Tags/Touches
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Worked "V" Properly on Fly Balls
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Was Alert on Balls Hitting Batter & Check Swings
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Was in Outfield Between Half-Innings & Pitching Changes
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Proper Position & Teamwork on Run-Downs
<i>Comments:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Utilized Jog After Call to Get to Next Position
<i>Comments:</i>		

Overall: