

Umpire Evaluation

Date: _____



Queensland Baseball
Umpires Association

Home Team _____ Away Team _____

Grade _____

Position _____

Umpire _____ Partner _____

	Needs Improving	Adequate
Presentation:	<input type="checkbox"/>	<input type="checkbox"/>
Pre Game prep.	<input type="checkbox"/>	<input type="checkbox"/>
Game Management	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Rules	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

Assessor (Name): _____