

## Umpire Assessment Form

League \_\_\_\_\_

Date \_\_\_\_\_

Match \_\_\_\_\_ v \_\_\_\_\_

Played at \_\_\_\_\_ Match # \_\_\_\_\_

Result \_\_\_\_\_

Umpire (1) \_\_\_\_\_ Umpire (2) \_\_\_\_\_

Please rank the following for each umpire on a scale of 1 – 10, where 1 is very poor and 10 is exceptional

	Umpire 1	Umpire 2
Punctuality		
Appearance / Dress		
Organization		
Interaction with Players		
Knowledge of Rules		
Clarity of decisions		
Interaction with each other		
Interaction with other game officials (Scorer)		
Contributed to enjoyment of the game		
Other Comments:		

Captain's Signature \_\_\_\_\_ Captain's Name \_\_\_\_\_

