



**OHIO ATHLETIC CONFERENCE
SOFTBALL COACHES
UMPIRE EVALUATION FORM**

_____ at _____
 Visiting Team Home Team Date

_____ Name of Home Plate Umpire (game one)

_____ Name of Base Umpire (game one)

Please Rate: 5=Excellent 4=Good 3=Fair 2=Poor

	GAME ONE		GAME TWO	
	<u>Plate Umpire</u>	<u>Base Umpire</u>	<u>Plate Umpire</u>	<u>Base Umpire</u>
Promptness to Game Site	_____	_____	_____	_____
Appearance/Attire	_____	_____	_____	_____
Approachable/Professional	_____	_____	_____	_____
Mechanics/Field Position	_____	_____	_____	_____
Knowledge of Games/Rules	_____	_____	_____	_____
Consistency	_____	_____	_____	_____
Judgment of Calls	_____	_____	_____	_____
Calling Balls/Strikes	_____	_N/A_	_____	_N/A_
Overall Rating	_____	_____	_____	_____

Additional comments or concerns:

(Use back if necessary.)

_____ Coach Signature

_____ Institution

Must be faxed to Linda Cairney immediatley after game: 614-299-6473