**KBLUA Plate Umpire Evaluation**

**Plate Umpire Name:**

**Date of contest: Game Level: 10U / 11U / 12U / 13U / 14U / JV / Varsity**

**Home Team: Visiting Team:**

**Evaluator:**

Appearance: Plate Pants (Yes / No) Plate Shoes (Yes / No) Black undershirt (yes / No)

 Matching Umpire Shirt (Basic Color Yes / No) KBL hat (Yes / No)

Plate Stance: Heel / Toe (Yes / No) Scissors (Yes / No) Modified Stance (Yes / No)

 Proper Head Height (Yes / No) In the Slot (Yes / No)

Rotation to third base when required: (Yes / No) Signaled partner for rotation (Yes / No)

 Runs up the foul line when rotating to third (Yes / No)

 Stepped into the cut out area to make call (Yes / No)

Ground Ball coverage no-one on: Cleared catcher properly (Yes / No)

 Hustled up the line (Yes / No)

Came to a complete stop as the ball is thrown to first (Yes / No)

Was help required (Yes / No)

Fly Ball coverage no-one on base: Hustled out from behind the plate (Yes / No)

 In direction of the fly ball (Yes / No) Complete stop prior to catch being mad (Yes / No)

 Verbalized “Catch / No Catch” to partner (Yes / No)

Trouble Ball Coverage: Hustled to proper position(s) to make call on BR if required (Yes / No)

Plays at the plate: Any (Yes / No) In proper position to make call (Yes / No)

Strike Call: Proper mechanic (Yes / No) Proper Timing (Yes / No)

Ball Call: Proper mechanic (Yes / No) Proper Timing (Yes / No)

Fair Ball Call: Proper mechanic (Yes / No) Proper Timing (Yes / No)

Foul Ball Call: Proper mechanic (Yes / No) Proper Timing (Yes / No)

Maintained Strike Zone Consistency: (Yes / No)

Balks: Was a balk call mad (Yes / No) Was the proper mechanic followed (Yes / No)

Was this balk warranted (Yes / No) (If not – Evaluator – please supply information regarding…)

Was / were there other balks that should have been called (Yes / No) (If so – Evaluator – please supply the particular circumstance when this/these balk (s) should have been called)

Tag Up Positioning: Back far enough from the point of the plate to see catch and runner tagging up (Yes / No)

Crew Communication: Proper signals observed being given when required (Yes / No)

Application of Rules: Were rules properly applied as required (Yes / No)

(If not – Evaluator – please supply rule #, Rule, page # of rule and explanation of what occurred and how this rule should have been applied)

Overall Evaluator Comments – (what to work on and how to improve)