

# UMPIRE FEEDBACK SURVEY

INSTRUCTIONS: The Salem Softball Umpires Association and the City of Salem would like your input on how well our umpires served your teams. Please take a few minutes to complete this survey. Please give the completed form to a City of Salem staff member before you leave for the evening or email it to **softball@cityofsalem.net**.

**Umpire Name** \_\_\_\_\_

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Field #** \_\_\_\_\_

**Day of the Week:**  Mon  Tue  Wed  Thur  Fri  Sat  Sun

**Division:**  Men's  Women's  Coed  Seniors'

**Classification:**  Rec  Interm  Adv  Elite  Open

**Type:**  Single-Game Softball  Doubleheader Softball  Kickball

**Team Name** \_\_\_\_\_

**Coach/Manager** \_\_\_\_\_

**Your Name** \_\_\_\_\_ **Phone** \_\_\_\_\_



Please rate each category based on the whole game and not on any one individual occurrence or incident.

	<b>Needs Improvement</b>	<b>Fair</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>
UNIFORM AND APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUSTLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSITIONING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRIKE ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAME MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSISTENCY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONALISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_