CLINIC PRE-ASSESSMENT
"Renewing Umpire"

Name: _____
Home address: _____
_____
Email Address: _____
Cell phone number: _____

1.) How much umpiring experience do you have?
___ None (0 games)
___ A little (1-5 games)
___ A significant amount (6-10 games or more)

2.) My current fitness level can best be described as
___ Below average
___ Average
___ Above average

3.) List *three* ways you will improve your fitness before the season:

1.

2.

3.

3.) What areas of your own umpiring do you feel are your strengths?
___ Pregame preparation and meeting
___ Restraining line issues
___ 3-person positioning and movement
___ Identification off-ball fouls
___ Mechanics – arm/directional signals
___ Effective and efficient penalty administration and restart of play
___ Effective and efficient partner communication and teamwork
___ Game, coach, and player relationships and communication
___ Recognition start and end of scoring plays

4.) What areas of your own umpiring do you feel need the most improvement?

___ Pregame preparation and meeting
___ Restraining line: recognition of offside, execution of set-up
___ 3-person positioning and movement
___ Identification off-ball foul
___ Mechanic – foul + directional signals
___ Effective and efficient penalty administration and restart of play
___ Effective and efficient partner communication and teamwork
___ Game, coach, and player relationships and communication
___ Recognition start and end of scoring plays

5.) List 2-3 goals on which you will focus during the clinic. Revisit these goals after each on-field practice session.

1.

2.

3.

6.) List key points from the feedback you receive after each on-field session during the clinic(s).

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