



Berkshire Cricket Officials Association

(Affiliated to the Berkshire Cricket Board)



Umpires Self Assessment

(To be completed by the Umpire and returned to Assessment Officer within two days of the match.)

Umpire: **Colleague:**

Match: **v**

Venue: **Date:**

Ratings:

Please rate your performance in each of the listed categories below by ticking the box you feel reflects your performance.

| | COULD HAVE BEEN BETTER | OK | GOOD |
|-------------------------|--------------------------|--------------------------|--------------------------|
| Correct Decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge & Application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fieldcraft & Technique | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preparation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Match Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments on your performance:

| | |
|------------------------|---|
| Decision Making | <i>Outline any major decisions in the match and how well you felt you did with them</i> |
|------------------------|---|

| | |
|-----------------------|--|
| What went well | <i>Outline any aspects of the match that you feel you coped well with (excluding decisions in section above)</i> |
|-----------------------|--|



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Areas for Development *Outline any aspects of the match that you feel you could have coped with better*

Match Preparation

Summary

Signed: Date: