

Player Evaluation

Player Name: _____ Coach: _____

Player Address: _____ Team: _____

Age: _____ Grade: _____ Date of Birth: _____ Height: _____

SKILLS

Ball Handling:

Right Hand 5 4 3 2 1
Left Hand 5 4 3 2 1

Passing: 5 4 3 2 1

Shooting:

General 5 4 3 2 1
Free Throws 5 4 3 2 1

Rebounding:

Offensive 5 4 3 2 1
Defensive 5 4 3 2 1

Offensive Moves:

Perimeter 5 4 3 2 1
Inside 5 4 3 2 1

Defense:

Individual 5 4 3 2 1
Team 5 4 3 2 1

INTANGIBLES:

Aggressiveness: 5 4 3 2 1
Ability to take criticism: 5 4 3 2 1
Ability to take instruction: 5 4 3 2 1
Sportsmanship: 5 4 3 2 1
Team Player: 5 4 3 2 1

Strengths: _____

Weaknesses: _____

General Comments:
