

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:
