

# 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: \_\_\_\_\_

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## General Comments:

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