

Basketball Player Evaluation Form

General Information

Player Name: _____

Tryout Date: _____

Team Name: _____

Evaluator's Name: _____

Technical and Game Awareness Skills

Skill/Criteria	1 (Poor)	2	3	4	5 (Excellent)	Comments
Ball Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free Throws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Defensive Footwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Court Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding Plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Coach's Comments

Strengths: _____

Areas for Development: _____

Final Recommendation: _____

Evaluator's Signature: _____

Date: _____