

Basketball Tryout Evaluation Form

Player Information

Name: _____

Tryout Date: _____

Evaluator: _____

Position: _____

Evaluation

Aspect	Rating (1-5)	Comments
Shooting	<input type="checkbox"/>	
Defensive Skills	<input type="checkbox"/>	
Physical Fitness	<input type="checkbox"/>	
Team Collaboration	<input type="checkbox"/>	
Overall Game Awareness	<input type="checkbox"/>	

Final Recommendation

Overall Performance: _____

Team Assignment: _____

Evaluator's Notes: _____

Evaluator's Signature: _____

Date: _____