

Youth Basketball Evaluation Form

Player Information

Player Name: _____

Age Group: _____

Position: _____

Date of Evaluation: _____

Evaluator's Name: _____

Skill and Physical Attributes Assessment

Skill/Attribute	Excellent	Good	Average	Needs Improvement	Comments
Dribbling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Passing Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Defensive Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Agility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Assessment

Strengths: _____

Areas for Improvement: _____

Recommendations: _____

Evaluator's Signature: _____

Date: _____