



Fellowship Academy Basketball Tryout Evaluation Form

Name: _____ RIGHT or LEFT-HANDED (circle one)

Birthdate: _____ Age: _____ Grade _____

Tryout for: Point Guard (1) Shooting Guard (2) Small Forward/Guard (3) Power Forward/Post (4) Center/Post (5)

At the end of basketball tryouts, possible cuts will be made at every level (Varsity, JV, and Junior High). Each athlete will be assigned a number during tryouts. The day following the last day of tryouts, the teams will be posted TBA. Numbers will be listed—not names of the students. The coaches are not to be approached during or after practices or games concerning tryouts or amount of playing time during games. If you would like to speak with a coach or athletic director, please do so by email. It is encouraged to wait 24 hours after tryouts before sending email.

Athlete's Signature _____ Date _____

Parent's Signature _____ Date _____

Please turn this in the first day of tryouts. You will be evaluated on the skills below. This evaluation tool is for the coach.

DO NOT WRITE BELOW THIS LINE

Skill	Rating Scale 5 is highest	Cue If check skills need to be improved, developed, or managed
Ball Handling	1 2 3 4 5	<input type="checkbox"/> Right Hand <input type="checkbox"/> Left Hand <input type="checkbox"/> Dribble low <input type="checkbox"/> Crossover <input type="checkbox"/> Eyes up
Passing	1 2 3 4 5	<input type="checkbox"/> Bounce Pass <input type="checkbox"/> Chest Pass <input type="checkbox"/> 2-hand overhead <input type="checkbox"/> Baseball pass <input type="checkbox"/> Meet the pass <input type="checkbox"/> Fake
Shooting	1 2 3 4 5	<input type="checkbox"/> Set Shot <input type="checkbox"/> Lay-up <input type="checkbox"/> Jump Shot <input type="checkbox"/> Heel-toe <input type="checkbox"/> Elbow <input type="checkbox"/> pointed to Target <input type="checkbox"/> Extension <input type="checkbox"/> Follow-through <input type="checkbox"/> Free throw
Rebounding	1 2 3 4 5	<input type="checkbox"/> Offensive <input type="checkbox"/> Defensive <input type="checkbox"/> Block-out <input type="checkbox"/> Positioning <input type="checkbox"/> Jump <input type="checkbox"/> Put-back <input type="checkbox"/> Outlet pass
Offensive Moves	1 2 3 4 5	<input type="checkbox"/> Head fake <input type="checkbox"/> Dribble Drag <input type="checkbox"/> Crossover <input type="checkbox"/> Meet pass <input type="checkbox"/> Drop-step to goal <input type="checkbox"/> Running play <input type="checkbox"/> Communicate <input type="checkbox"/> Triple Threat
Defensive Moves	1 2 3 4 5	<input type="checkbox"/> Stay low/bottom down <input type="checkbox"/> Get big-stay wide <input type="checkbox"/> Hands up <input type="checkbox"/> Close-out <input type="checkbox"/> Communicate <input type="checkbox"/> Zone <input type="checkbox"/> Man-to Man <input type="checkbox"/> Bottom to baseline
Movement/ Footwork	1 2 3 4 5	<input type="checkbox"/> Shuffle/Slide <input type="checkbox"/> Lead foot moves first <input type="checkbox"/> Keep cushion <input type="checkbox"/> Close-out <input type="checkbox"/> Crossover <input type="checkbox"/> Reaction <input type="checkbox"/> Retract <input type="checkbox"/> Get position on shot/rebound
Attitude/ Sportsmanship!	1 2 3 4 5	<input type="checkbox"/> Always ready <input type="checkbox"/> Intensity <input type="checkbox"/> High energy <input type="checkbox"/> Confidence <input type="checkbox"/> Initiative <input type="checkbox"/> Effort <input type="checkbox"/> Positive and Supportive
Leadership/ Team Player	1 2 3 4 5	<input type="checkbox"/> Acknowledge others <input type="checkbox"/> Bringing the team together <input type="checkbox"/> Team leadership <input type="checkbox"/> Collective responsibility in team solutions with challenges (on and off court)
Follow Direction	1 2 3 4 5	<input type="checkbox"/> Eye Contact <input type="checkbox"/> Knowledge <input type="checkbox"/> Understand <input type="checkbox"/> Ask Questions <input type="checkbox"/> Always ready <input type="checkbox"/> Focus <input type="checkbox"/> Easily Distract
Coachable/Ability to take Criticism	1 2 3 4 5	<input type="checkbox"/> Need Work <input type="checkbox"/> Good <input type="checkbox"/> Great <input type="checkbox"/> Outstanding <input type="checkbox"/> Problem Solver
Knowledge of Game	1 2 3 4 5	<input type="checkbox"/> Rules <input type="checkbox"/> Court Awareness <input type="checkbox"/> Basketball IQ

Note/Recommendations: