



Academics & Athletics Connection/LV Stars, Inc.

"Cultivating Today's Youth Into Tomorrow's Leaders"

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PLAYER EVALUATION FORM

Player Name: _____ Coach: _____
 Team: _____ Height: _____ Weight: _____
 Age: _____ Date of Birth: _____ Grade: _____ Address: _____

SKILLS

Ballhandling
 Right Hand: 1 2 3 4 5
 Left Hand: 1 2 3 4 5

Passing
 Right Hand: 1 2 3 4 5
 Left Hand: 1 2 3 4 5

Shooting
 Off Catch: 1 2 3 4 5
 Off Dribble: 1 2 3 4 5
 Free Throws: 1 2 3 4 5

Finishing
 Right Hand: 1 2 3 4 5
 Left Hand: 1 2 3 4 5

Rebounding
 Offensive: 1 2 3 4 5
 Defensive: 1 2 3 4 5

Defense
 Individual: 1 2 3 4 5
 Team: 1 2 3 4 5

INTANGIBLES

Aggressiveness: 1 2 3 4 5
 Ability to take criticism: 1 2 3 4 5
 Ability to take instruction: 1 2 3 4 5
 Sportsmanship: 1 2 3 4 5
 Team Player: 1 2 3 4 5

Strengths : _____

Weaknesses : _____

GENERAL COMMENTS:
