

**Player Evaluation Form**

**Group** \_\_\_\_\_

**Date** \_\_\_\_\_

	Player Name	Shooting	Dribbling	Passing	Defense	Rebound	Athletic	Total	Comments
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

**Rating Scale = 1 thru 5.**

**5 is the highest.**