



Skills Evaluation Form

Age Group: _____

Parent Contact Information

Name: _____
 Email: _____
 Cell _____
 Phone: _____
 City: _____
 Throws: _____
 Positions: _____

Player: _____
 Birthdate: _____
 Current Team: _____
 Current Level: _____
(Rec/Premier/AA/AAA/Major)
 HS District: _____
 Bats: _____

INFIELD

Comments:	Mechanics	Arm/Strength	Arm/Accuracy	4. Range	Total
	5	5	5	5	
	4	4	4	4	
	3	3	3	3	
Balls Fielded: /	2	2	2	2	
Throws to 1B: /	1	1	1	1	

OUTFIELD

Comments:	Mechanics	Arm/Strength	Arm/Accuracy	9. Range	Total
	5	5	5	5	
	4	4	4	4	
	3	3	3	3	
Balls Fielded: /	2	2	2	2	
Throws to 2B: /	1	1	1	1	

HITTING

Comments:	Mechanics	Contact	Power	Total
	5	5	5	
	4	4	4	
	3	3	3	
Balls in play: /	2	2	2	
Solid Contact: /	1	1	1	

TOTAL SCORE:

PITCHING / CATCHING

Comments:	Mechanics	Arm / Velocity	Accuracy / Agility	Total
	5	5	5	
	4	4	4	
	3	3	3	
Balls / Strikes: /	2	2	2	
Offspeed: /	1	1	1	

RUNNING

Comments:	Home to 1st		First to 3rd		Total
	1 st Attempt	2 nd Attempt	1 st Attempt	2 nd Attempt	