

Player Evaluation Form

Group _____

Date _____

	Player Name	Birthdate	Hitting	Pitching	Fielding	Flyball	Base Run	Athletic	Total	Comments
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Rating Scale = 1 thru 5.

5 is the highest.