

Pre Assessment of _____

Coach(es) Assessing _____		Date: _____
Fundamental Movements		
Pushing	Static Balance	Throwing right hand
In control <input type="checkbox"/> no control <input type="checkbox"/> head up <input type="checkbox"/>	toes <input type="checkbox"/> right foot <input type="checkbox"/> left foot <input type="checkbox"/>	Shoulder leads <input type="checkbox"/> accuracy <input type="checkbox"/> power <input type="checkbox"/>
Pulling	Jumping right foot	Throwing left hand
On balance <input type="checkbox"/> Off balance <input type="checkbox"/> head up <input type="checkbox"/>	fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/>	Shoulder leads <input type="checkbox"/> accuracy <input type="checkbox"/> power <input type="checkbox"/>
Bending	Jumping left foot	Catching
Yes <input type="checkbox"/> no <input type="checkbox"/>	fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/>	right hand <input type="checkbox"/> left hand <input type="checkbox"/> both hands <input type="checkbox"/>
Squatting	Jumping two feet	Walking
Butt to heels <input type="checkbox"/> heels on ground <input type="checkbox"/> head up <input type="checkbox"/>	Knees in alignment <input type="checkbox"/> lands on toes <input type="checkbox"/>	Head up <input type="checkbox"/> Arm swing <input type="checkbox"/>
Lunging Right	Jumping two feet with a twist	Jogging
90°Knee <input type="checkbox"/> core straight <input type="checkbox"/> head up <input type="checkbox"/>	Knees in alignment <input type="checkbox"/> lands on toes <input type="checkbox"/> lands on balance <input type="checkbox"/>	Heel toe <input type="checkbox"/> Arm swing <input type="checkbox"/>
Side Lunging	Jumping two feet lateral	Running
90°Knee <input type="checkbox"/> core straight <input type="checkbox"/> head up <input type="checkbox"/>	Knees in alignment <input type="checkbox"/> lands on toes <input type="checkbox"/> lands on balance <input type="checkbox"/>	Toes <input type="checkbox"/> Arm swing <input type="checkbox"/> head up <input type="checkbox"/>
Basketball Fundamentals		
Stance	Pivot foot forward	Pivot foot backward
ball high <input type="checkbox"/> ball mid <input type="checkbox"/> ball low <input type="checkbox"/>	Right <input type="checkbox"/> left <input type="checkbox"/> heel <input type="checkbox"/> toe <input type="checkbox"/>	Right <input type="checkbox"/> left <input type="checkbox"/> heel <input type="checkbox"/> toe <input type="checkbox"/>
Static Dribbling Right	Passing right hand low	Passing two hands high
head up <input type="checkbox"/> tempo <input type="checkbox"/>	fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/>	fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/>
Static Dribbling left	Passing right hand high	Passing off the dribble right
head up <input type="checkbox"/> tempo <input type="checkbox"/>	fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/>	fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/>
Control dribbling Right hand	Passing left hand low	Passing off the dribble left
fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> head up <input type="checkbox"/>	fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/>	fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/>
Control dribbling left hand	Passing left hand high	Passing off the dribble two hands
fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> head up <input type="checkbox"/>	fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/>	fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/>
Attack dribble	Passing two hands low	Passing and Moving
right <input type="checkbox"/> left <input type="checkbox"/> head up <input type="checkbox"/>	fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/>	fwd <input type="checkbox"/> bkwd <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/>

Shooting		
Stationary Shot Pre -Shot		
Shot pocket High <input type="checkbox"/> mid <input type="checkbox"/> low <input type="checkbox"/> high	Eyes Under ball <input type="checkbox"/> over ball <input type="checkbox"/> on target <input type="checkbox"/>	Shooting Hand Middle of ball <input type="checkbox"/> finger pad <input type="checkbox"/> hand spread <input type="checkbox"/>
Guide hand Side of ball <input type="checkbox"/> front of ball <input type="checkbox"/> behind ball <input type="checkbox"/>	Knees Bent <input type="checkbox"/> straight <input type="checkbox"/>	Core Straight <input type="checkbox"/> slight forward bend <input type="checkbox"/>
Feet Parallel <input type="checkbox"/> staggered right fwd <input type="checkbox"/> Staggered left forward <input type="checkbox"/>	Lay up left feet <input type="checkbox"/> eyes <input type="checkbox"/> release <input type="checkbox"/> score <input type="checkbox"/>	Lay up right feet <input type="checkbox"/> eyes <input type="checkbox"/> release <input type="checkbox"/> score <input type="checkbox"/>
Shot		
First move Up <input type="checkbox"/> down <input type="checkbox"/> fwd <input type="checkbox"/>	Number of pockets 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Eyes On target <input type="checkbox"/> on ball <input type="checkbox"/>
Post shot		
Follow thru guide hand 2 hands up <input type="checkbox"/> 1 hand up <input type="checkbox"/> no hands up <input type="checkbox"/> ball fits <input type="checkbox"/>	Follow thru shooting hand Ball fits <input type="checkbox"/> twisted right <input type="checkbox"/> twisted left <input type="checkbox"/> stop sign <input type="checkbox"/> fingers at target <input type="checkbox"/>	Body Balance <input type="checkbox"/> Weight on front of head <input type="checkbox"/> weight on back of head <input type="checkbox"/> twisted <input type="checkbox"/>
Score _____ attempts / _____ makes _____ %		
Things I did well		
1		
2		
3		
Things I want to improve		
1		
2		
3		

Comments: