



Carmichael Girls Softball Evaluation Form



Assigned Evaluation Number:

Players Name:	DOB:	Throws: Right / Left
Parents Name:	Age Div: 8U 10U 12U 14U	Bats: Right / Left
Parents Phone #:	Three Jersey Numbers:	
Parent's Email:	Primary Positions:	

Players / Parents: DO NOT write below this line.

		(Circle One)	(Circle One)	(Circle One)	(Circle One)	
Infield		Mechanics	Arm	Range	Score	Average
Comments	Balls Fielded	5	5	5		Above
	_____ of 6	4	4	4		Average
		3	3	3		
	Throws to 1B	2	2	2		
	_____ of 6	1	1	1		

		(Circle One)	(Circle One)	(Circle One)	(Circle One)	
Outfield		Mechanics	Arm	Range	Score	Average
Comments	Balls Fielded	5	5	5		Above
	_____ of 6	4	4	4		Average
		3	3	3		
	Throws to 2B	2	2	2		
	_____ of 6	1	1	1		

		(Circle One)	(Circle One)	(Circle One)	(Circle One)	
Hitting		Mechanics	Power	Contact	Score	Average
Comments	Balls In Play	5	5	5		Above
	_____ of 7	4	4	4		Average
		3	3	3		
	Solid Contact	2	2	2		
	_____ of 7	1	1	1		

		(Circle One)	(Circle One)	(Circle One)	(Circle One)	
Running/Sliding		First Time	Second	Sliding	Score	Average
Comments	Home to 1B			Yes		
	1B to 3B			No		

Average:	Above Average Below	Total Score:	
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		(Circle One)	(Circle One)	(Circle One)	(Circle One)	
Pitching (10U & Older; Optional)		Form	Speed	Control	Score	Average
Comments	# of Strikes	5	5	5		Above
	_____ of 10	4	4	4		Average
		3	3	3		
		2	2	2		
		1	1	1		

		(Circle One)	(Circle One)	(Circle One)	(Circle One)	
Catching (Optional)		Framing	Arm	Agility	Score	Average
Comments	Balls Fielded	5	5	5		Above
	_____ of 10	4	4	4		Average
		3	3	3		
	Throws to 2B	2	2	2		
	_____ of 10	1	1	1		