Basketball Team Evaluation Questionnaire

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<th>Delegation Name</th>
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<td>Team Name</td>
<td>Head Coach</td>
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- ☐ Traditional 5-a-side  ☐ Unified 5-a-side  ☐ 3 on 3
- Does the team plan to press?  ☐ Yes  ☐ No

All questions pertain to your best 5 players. (There should be no answers greater than 5.)

### OFFENSE

**How many players:**

- Can dribble the ball up the court with token pressure (not attempting to steal ball)?
- Can dribble the ball up the court with aggressive defensive pressure (trying to steal the ball)?
- Can dribble the ball well enough to create their own shot?
- Can shoot the ball consistently by at least hitting the rim within 10 feet of the basketball 50% of the time?
- Can look over the court, find the open teammate and create a pass that will get to the player 50% of the time without pressure?
- Can shoot the ball consistently from outside of 15 feet by making the basket 33% of the time?

### DEFENSE

**How many players:**

- Will aggressively go after loose balls and passes made by opponents?
- Understand defense and either stay with their assigned player or cover their area of the zone defense?
- Will aggressively jump up and go after a rebound (both offensive and defensive rebounds)?
- Will see the court and help out a teammate who is going to be scored upon?
- Can cover a dominant opponent and keep them from scoring 50% of the time?

### DOMINANCE

**How many dominant players (players who understand the game, anticipate where the ball will go, move aggressively for the ball and can dominate with their scoring) do you have in your starting five?**

Identify by name and jersey number if possible:

- Player Name: _____________________ Jersey #: ____  Player Name: _____________________ Jersey #: ____
- Player Name: _____________________ Jersey #: ____  Player Name: _____________________ Jersey #: ____

### SUBS

**How many subs do you have?**

- Does it make a significant difference in your team if you substitute 1 or 2 subs at the same time?  ☐ No  ☐ Yes  If yes, please explain.

### OVERALL

- Is this the same team which played in last year’s:  ☐ area?  ☐ regional?  ☐ state?  (Check all that apply)
- Is this team:  ☐ lower?  ☐ higher?  ☐ the same?  Please check only one box and explain.

On a scale of 1-10, with a 1 being a level just above individual skills and 10 being just below an average Unified Sports team, please rank the ability level of your team.

**RANK**

**Note:** This sheet will be utilized for pre-classification, compared to the classification evaluations, and utilized throughout play as needed.