



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	
<u>Comments</u>	Balls Fielded	5	5	5		90%
	_____ of 7	4	4	4		80%
		3	3	3		60%
	Throws to 1B	2	2	2		40%
	_____ of 7	1	1	1		20%
Outfield		Mechanics	Arm	Range	Score	
<u>Comments</u>	Balls Fielded	5	5	5		90%
	_____ of 7	4	4	4		80%
		3	3	3		60%
	Throws to 2B	2	2	2		40%
	_____ of 7	1	1	1		20%
Hitting		Mechanics	Power	Contact	Score	
<u>Comments</u>	Balls In Play	5	5	5		90%
	_____ of 7	4	4	4		80%
		3	3	3		60%
	Solid Contact	2	2	2		40%
	_____ of 7	1	1	1		20%
Running		First Time	Second Time	Third Time	Average	
<u>Comments</u>	Home to 1B					
	1B to 3B					
Pitching (9U & Older; Optional)		Form	Arm	Control	Score	
<u>Comments</u>	# of Strikes	5	5	5		90%
		4	4	4		80%
		3	3	3		60%
	_____ of 7	2	2	2		40%
		1	1	1		20%
Catching (Optional)		Mechanics	Arm	Agility	Score	
<u>Comments</u>	Balls Fielded	5	5	5		90%
	_____ of 7	4	4	4		80%
		3	3	3		60%
	Throws to 2B	2	2	2		40%
	_____ of 7	1	1	1		20%
		Total Score:				