County ___________________

Athlete ________________

**SOPA - Basketball Skills Assessment for Individuals**

Name: ____________________________
Jersey Number: __________________
Team Name: ________________________
Delegation: ________________________

[ ] Athlete  [ ] Partner

Coach's Name: ____________________
Evaluator's Name: __________________
Date of Evaluation: __ / __ / _____

3v3 or 5v5  Circle one

**Individual Assessment for Team Play**

**A. Ball Handling**  (one choice- should be the most representative of the athlete’s skill level)

- Has difficulty dribbling and catching (2)
- Possesses some ball handling skills but they are very limited (3)
- Can handle ball with dominant hand only (4)
- Can handle ball with both hands (5)
- Has ability to go either direction on the dribble (6)
- Has ability to beat defender regularly with dominant hand (7)
- Has ability to beat defender regularly with either hand (8)

Score:  _______________________

**B. Passing**  (one choice- should be the most representative of the athlete’s skill level)

- Has difficulty completing a pass/short pass to a teammate (2)
- Can sometimes make a pass to an open teammate with token pressure (3)
- Can only complete a pass to teammate after looking directly at him/her (4)
- Has ability to choose best type of pass (bounce, chest, skip, other) (5)
- Has ability to complete a no look or quick pass to an open teammate (6)
- Controls game with ability to complete an advanced pass (no look/snap pass) to open player when they are in good position (8)

Score:  _______________________

**C. Movement**  (one choice- should be the most representative of the athlete’s skill level)

- Maintains a stationary position; does not move to a loose ball (2)
- Moves only 1-2 steps toward ball or opponent (3)
- Moves toward ball; but reaction time is slow and only in a limited area of the floor (4)
- Movement permits adequate court coverage (5)
- Good court coverage; reasonably aggressive (6)
- Exceptional court coverage; aggressive anticipation (8)

Score:  _______________________

Keep this form for your records.
You do not need to submit Individual Assessment forms with your Team Summary.
## County_________________

Athlete ________________

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#### D. Game Awareness

- Sometimes confused on offense and defense; may shoot at wrong basket (2)
- Can play in fixed position as instructed by coach; may go after an occasional loose ball (3)
- Limited understanding of the game and can run some offensive and defensive sets - coach prompted (4)
- Moderate understanding of the game, some off and def sets and can occasionally fast break (6)
- Advanced understanding of the game and mastery of basketball fundamentals (8)

**Score:**

#### E. Shooting

- Periodically can make an uncontested layup (2)
- Can make shots inside of lane (3)
- Can make shots inside of lane and occasionally attempts a mid range jump shot (4)
- Can make some mid range jump shots (5)
- Can make some mid range jump shots and will attempt shots beyond 15' (6)
- Has excellent shooting form and makes shots from all ranges on court (8)

**Score:**

#### F. Rebounding

- No understanding of rebounding positions or principles, often beaten to a missed shot (2)
- Gets rebounds only when they land directly to him/her (3)
- Goes after loose balls within 3 to 4 steps (4)
- Aggressively goes after rebounds, gets many (6)
- Exceptional ability to get to missed shots on both sides of the basket and either side of the court (8)

**Score:**

**TOTAL SCORE:**

Divide TOTAL SCORE by 6 to determine OVERALL RATING

(round off to the nearest tenth i.e. 4.97 = 5.0 or 3.53 = 3.5)

**OVERALL RATING:**