

BASKETBALL COACH/TEACHER REFERENCE FORM

To be completed by student's current WABL/ State/Club Coach, Classroom Teacher or Physical Education Teacher.

***** This information is to be treated as confidential. Teachers/Coaches are to return this form to woodvale.sc.enrolments@education.wa.edu.au. NOT via the student/parent/caregiver.**

Student's Name:

Club team:

Your Name:

How do you know the student:

Teacher/Coach's Comments

Please rate the student's ability below:

	Excellent	Above Average	Average	Below Average
Individual offensive skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual defensive skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team skills/game play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to self-regulate emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher/Coach's Signature:

Date:

[Email to woodvale.sc.enrolments@education.wa.edu.au](mailto:woodvale.sc.enrolments@education.wa.edu.au)

