

The ultimate
CRICKET
COACHING CLINICS



Cricket Coaching Personal Profile

Name: _____ Date: _____

I have outlined below the areas of your game in which you are performing well and also noted some areas where you will improve with more practice.

Batting							
Grip & Stance	Excellent	Good	Will improve with practice	Technique & Footwork	Excellent	Good	Will improve with practice
<input type="checkbox"/> Hands in middle of handle				<input type="checkbox"/> Watching ball closely			
<input type="checkbox"/> Weight evenly balanced				<input type="checkbox"/> Balanced Footwork			
<input type="checkbox"/> Relaxed & comfortable				<input type="checkbox"/> Generally plays straight			
<input type="checkbox"/> Eyes parallel to ground				<input type="checkbox"/> Keeps ball on ground			
Front Foot Play				Back Foot Play			
<input type="checkbox"/> Positive step to ball				<input type="checkbox"/> Steps back on offside			
<input type="checkbox"/> Side on position				<input type="checkbox"/> Hands on high position			
<input type="checkbox"/> Top hand in control				<input type="checkbox"/> Rolls hands on cut & pull shots			
<input type="checkbox"/> Head into line of ball				<input type="checkbox"/> Keeps ball on ground			
Bowling							
Run-up & Delivery at Gather				Release & Follow Through			
<input type="checkbox"/> Builds up pace in run-up & pumps arms				<input type="checkbox"/> Bowling arm high on release			
<input type="checkbox"/> Hips + shoulders aligned on back foot landing				<input type="checkbox"/> Braced front leg			
<input type="checkbox"/> Ball at face level prior to circling				<input type="checkbox"/> Bowling arm moves down and across body			
				<input type="checkbox"/> Follows through toward batsman with head up			
Fielding							
Ground Fielding				Catching			
<input type="checkbox"/> Displays enthusiasm				<input type="checkbox"/> Quickly into position			
<input type="checkbox"/> Moves to ball quickly				<input type="checkbox"/> Cupped hands & watching ball			
<input type="checkbox"/> Positions body behind ball				<input type="checkbox"/> Fingers pointing up or down			
<input type="checkbox"/> Side on throwing action				<input type="checkbox"/> Hands give on impact			

General Comments _____

Coach's Name _____ Coach's Signature _____