

# HebertHitting.com

## Hitting Evaluation & Progress Report

Player's Name: \_\_\_\_\_  
 Evaluation by \_\_\_\_\_ Evaluation Date \_\_\_\_\_  
 DOB \_\_\_\_\_ Grade \_\_\_\_\_

### Player Evaluation

Tunnel Run (50 ft 2x): \_\_\_\_\_ Pushups: \_\_\_\_\_ Visual Mechanics Search: \_\_\_\_\_  
 Bat Speed: \_\_\_\_\_ Sit ups: \_\_\_\_\_  
 Ball Exit Speed: \_\_\_\_\_ Broad Jump: \_\_\_\_\_

#### Observations: (Rate each on a 1 to 5 scale with notes)

<p><b>I: Dynamic Setup</b> <span style="float: right;"><b>Rating:</b></span></p> <p><input type="checkbox"/> Rhythm: _____</p> <p><input type="checkbox"/> Two eyes on pitcher: _____</p> <p><input type="checkbox"/> Shoulders square: _____</p> <p><input type="checkbox"/> Knob of bat to catcher's knee: _____</p> <p><input type="checkbox"/> Back elbow relaxed: _____</p>	<p><b>IV: Read, React, Rotate</b> <span style="float: right;"><b>Rating:</b></span></p> <p><input type="checkbox"/> Lack of head movement: _____</p> <p><input type="checkbox"/> Linear movement: _____</p> <p><input type="checkbox"/> Bracing Front Leg: _____</p> <p><input type="checkbox"/> Pelvic Snap: _____</p> <p><input type="checkbox"/> Momentum flow: _____</p>
<p><b>II: Lower body setup:</b> <span style="float: right;"><b>Rating:</b></span></p> <p><input type="checkbox"/> Spread, square, body lean in: _____</p> <p><input type="checkbox"/> Weight on balls of feet: _____</p>	<p><b>V: Swing planes/</b> <span style="float: right;"><b>Rating:</b></span></p> <p><input type="checkbox"/> Connection: _____</p> <p><input type="checkbox"/> Bat Lag pos: _____</p> <p><input type="checkbox"/> Power "L": _____</p> <p><input type="checkbox"/> Shoulder "V": _____</p> <p><input type="checkbox"/> Palm up, palm down: _____</p> <p><input type="checkbox"/> Swing plane slightly up: _____</p> <p><input type="checkbox"/> Extension: _____</p>
<p><b>III: Loads</b> <span style="float: right;"><b>Rating:</b></span></p> <p><input type="checkbox"/> Eyes: _____</p> <p><input type="checkbox"/> Upper body/Hands: _____</p> <p><input type="checkbox"/> Lower body/Hip: _____</p> <p><input type="checkbox"/> Stride type: _____</p> <p><input type="checkbox"/> Toe Touch: _____</p> <p><input type="checkbox"/> CSA: _____</p> <p><input type="checkbox"/> Heel plant: _____</p>	<p><b>VI: Swing Flow/ Transfer weight</b> <span style="float: right;"><b>Rating:</b></span></p> <p><input type="checkbox"/> Leverage points "connected": _____</p> <p><input type="checkbox"/> Flow/ continuous transfer: _____</p>

#### VII: Contact Zones/Hand Path

<b>Inside Pitch "A":</b>	<b>Rating:</b>	<b>Middle Pitch "B":</b>	<b>Rating:</b>	<b>Outside Pitch "C":</b>	<b>Rating:</b>
<input type="checkbox"/> Rhythm: _____	_____	<input type="checkbox"/> Gap to Gap: _____	_____	<input type="checkbox"/> Hands lined up with back leg: _____	_____
<input type="checkbox"/> Hands close: _____	_____	<input type="checkbox"/> Hands lined up with front leg: _____	_____	<input type="checkbox"/> Lack of head movement: _____	_____
<input type="checkbox"/> Proper contact angle: _____	_____	<b>notes:</b>			