



Player Evaluation Form

Please complete all sections and return to The Shed by April 25th, 2015.

Coach Name: _____ Team Number: _____

Division (Age Group): _____ Boys: _____ Girls: _____

Balanced Team Feedback: We Won Most Games We Lost Most Games We Won Some / Lost Some

PLAYER EVALUATION

Complete the following information under the corresponding column number below:

- 1) List the players on your team in order of OVERALL SOCCER ABILITY in comparison to other players in your division. Start with your best player as number 1 and continue in order of ability. For U10 and above, rate goalkeepers as field players, not as a goalkeeper. Indicate goalkeeper ability in column 4.
- 2) Indicate the player's physical size in relation to other players in **your division** – small, average, or large.
- 3) Evaluate player in comparison to the players on yours and other teams in your division. Use the following designations:
 - A. Exceptional Skills
 - B. Good Skills
 - C. Average Skills
 - D. Below Average Skills
- 4) Please include any additional comments – for example, player has goalkeeper ability, aggressive, etc.

Rank	(1) Player Name	(2) Size (Sm/Avg/Lg)	(3) Rating (A thru D)	(4) Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Note: If rating more than 15 players please use the back.