

Player Evaluation



Name: _____ Date of Birth: _____ Age Group: _____
 Score on Scale: 10 - Excellent 5 - Good 1 - Needs Improvement

Psychological

Never gives up	<input type="text"/>	Plays with confidence	<input type="text"/>	Decision Making	<input type="text"/>
Focused	<input type="text"/>	Enthusiastic	<input type="text"/>	Committed to soccer	<input type="text"/>
Disciplined	<input type="text"/>	Listens to coach	<input type="text"/>	Thinks clearly under pressure	<input type="text"/>

Physiological

Competes Physically	<input type="text"/>	Equipped Physically	<input type="text"/>	Lasts the duration of training session	<input type="text"/>
How quick over 10 yards	<input type="text"/>	Change of pace	<input type="text"/>	Last the duration of game	<input type="text"/>

Social

How well does the player understand their role?	<input type="text"/>
How well does the player interact with others?	<input type="text"/>
Does the player make good moral decisions?	<input type="text"/>

Technical

Ball Manipulation	<input type="text"/>
Passing	<input type="text"/>
Running with the ball	<input type="text"/>
Dribbling	<input type="text"/>
Controlling and receiving	<input type="text"/>
Shooting and finishing	<input type="text"/>
Challenging and intercepting	<input type="text"/>
Crossing	<input type="text"/>
Turning	<input type="text"/>
Heading	<input type="text"/>

Tactical

In possession – understands role	<input type="text"/>
In possession – understands role with colleagues	<input type="text"/>
In possession – understands role against opposition	<input type="text"/>
Out of possession – understands role	<input type="text"/>
Out of possession – understands role with colleagues	<input type="text"/>
Out of possession – understands role against opposition	<input type="text"/>

Coch: _____ Date: _____

SUMMARY - DEFENDING

Areas of strength:

Areas of development need:

SUMMARY - ATTACKING

Areas of strengths:

Areas of development need: