

Soccer Player Evaluation Form

Player Name: _____ Position: _____

Team Name: _____ Coach Name: _____

1 = Poor 2 = Needs Work 3 = Average/Fair 4 = Good 5 = Excellent

| Technical | Score | Comments |
|----------------|-------|----------|
| Controlling | | |
| Receiving | | |
| Dribbling | | |
| Passing | | |
| Shooting | | |
| Crossing | | |
| Turning | | |
| Ball handling | | |
| Power kicking | | |
| Goalkeeping | | |
| Offensive play | | |
| Defensive play | | |

Coach's note: