

Soccer Player Evaluation Form

Player Name: _____ Position: _____

Team Name: _____ Coach Name: _____

5 = Exceptional 4 = Very Good 3 = Average 2 = Poor 1 = Needs Improvement

SKILLS

Ball Handling	
Right Hand	
Left Hand	

Passing	
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Shooting	
General	
Free Throws	

Rebounding	
Offensive	
Defensive	

Offensive Moves	
Perimeter	
Inside	

Defense	
Individual	
Team	

INTANGIBLES

Aggressiveness	
Ability to take criticism	
Ability to take instruction	
Sportsmanship	
Team Player	

Strengths:

Weaknesses:

General Comments: