Evansville Soccer Club – Player Evaluation

Name: _____ **Age Level:** _____ **Date:** _____

1 = Deficient ---------- 5 = Exceptional

Kicking (Passing and Shooting)					
Accuracy	1	2	3	4	5
Power	1	2	3	4	5
Inside	1	2	3	4	5
Outside	1	2	3	4	5
Instep	1	2	3	4	5
Weak Foot	1	2	3	4	5

Ball Control					
Feet	1	2	3	4	5
Body	1	2	3	4	5
Head	1	2	3	4	5
Receive and Turn	1	2	3	4	5

Player Personality					
Determination	1	2	3	4	5
Responsibility	1	2	3	4	5
Leadership	1	2	3	4	5
Positive Attitude	1	2	3	4	5
Mental Toughness	1	2	3	4	5
Coachability	1	2	3	4	5
Concentration	1	2	3	4	5

Physical Characteristics					
Endurance	1	2	3	4	5
Speed	1	2	3	4	5
Quickness	1	2	3	4	5
Strength and Power	1	2	3	4	5
Agility	1	2	3	4	5

Heading					
Overall	1	2	3	4	5
Power	1	2	3	4	5
Accuracy	1	2	3	4	5

Dribbling					
Control	1	2	3	4	5
Speed	1	2	3	4	5
Both Feet	1	2	3	4	5
Shielding	1	2	3	4	5

Tackling	1	2	3	4	5

General Technical Characteristics					
Range of Skills	1	2	3	4	5
Performance Under Pressure	1	2	3	4	5
Consistency	1	2	3	4	5

Tactical Characteristics					
Reading the Game	1	2	3	4	5
Team Concept	1	2	3	4	5
Communication	1	2	3	4	5

Comments:

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Team Coach: _____ **Director of Coaching:** _____

Evansville Soccer Club Player Evaluation Form 4/2009