

Player Evaluation Form

Instructions:

Please complete and return to your Age Group Coordinator by _____.

Please keep this information confidential.

Please complete this information under the corresponding numbered () section below.

- (1) List players (first & last name) by overall soccer ability. ***Start with the most able (skilled) player FIRST.***
- (2) Indicate player's AYSO age (as of this season-Fall or Spring – Age on 31 July prior to season)
- (3) Season playing experience (Fall and/or Spring)
(EX. - first season this Spring would be listed as 1. If played last Fall & this Spring season, it would be listed as 2)
- (4) Size in comparison to age group (XS, SM, AVG, LG, and XL)
- (5) *Aggressiveness* (please rate from 1 being low to 5 being high)
- (6) *Coachability/Attitude* (please rate from 1 being low to 5 being high)
- (7) Evaluate your players in comparison to the ***other*** players from other teams in your division.
Assign these letter grades only:
(A) Exceptional player (C) Average player
(B) Good player (D) Below average player
- (8) Rate goalkeepers (GK) as soccer players. Indicate GK ability on in section 8.

Thank you for your time and cooperation into completing the Player Evaluation Form.

Parent volunteers

Please list at three (or more) parents who were very helpful in making this a successful and fun season.

Name	Phone no.	Position and/or abilities

Suggestions

Please list three things you really liked and/or enjoyed about this season.

- 1.
- 2.
- 3.

Please list three things you would like to improve and/or suggest about this season.

- 1.
- 2.
- 3.

How would you like to help in the future?

I would be willing to: **Coach** _____ **Referee** _____ **Team parent** _____ **Help in another way** _____