

Division: \_\_\_\_\_

Coach: \_\_\_\_\_

**TEAM PLAYER RATING FORM**

Team: \_\_\_\_\_

(Used In Divisions U8 & up)

Asst Coach: \_\_\_\_\_

PLAYER NAME	SPEED	TRAPPING	HEADING	DRIBBLING	PASSING	KICKING	POSITION	DEFENSE	AGGRESSIVE	TOTAL
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

*DESCRIPTION*

- Speed Running speed only
- Trapping Does player stop the ball with chest, body, thigh, or feet to control the ball?
- Heading Does player use heading to pass, score, control and/or defend?
- Dribbling Handling and control of the ball
- Passing Does player use either foot to effect an accurate pass? Does player use all areas of the foot?
- Kicking Include control kicking, shooting, ship shots, ground shots & volleys. Use both feet? Downgrade for toe-kickers.
- Position Action, reaction & game awareness. Does player stay in position or move to other player's position?
- Defensive Tackling (taking the ball away). Does player attack the ball or back off?
- Aggressiveness Is player aggressive on both offense and defense?

RATING SCALE	
5	<i>Excellent</i>
4	<i>Very Good</i>
3	<i>Average</i>
2	<i>Fair</i>
1	<i>Needs Improvement</i>

**\*\*IMPORTANT NOTE: This form must be returned to the Coaching Administrator, Division Director, or Registrar NO LATER THAN NOVEMBER 1ST**