

AYSO EVALUATION FORM

Player Rating for (Team): _____

Div 8/U5 and Div 7/U6

Circle One
Boys Girls

Circle one
Coach Assist Coach

Coach/Assist Coaches Name: _____

Phone #: _____

		TECHNIQUES/SKILLS		TACTICAL		PHYSICAL TRAIT	PERSONEL PROFILE	RANKING PLAYERS AGAINST ALL OTHER TEAMS	TOTAL SCORE
		OFFENSIVE	DEFENSIVE	OFFENSIVE	DEFENSIVE				
RATING SCALE 3 - Developing. 4 - Average ability. 5 - Can do better than most Please list players in order of Roster		AYSO ID	KICKING/PASSING BALL CONTROL POSITIONING	POSITIONING	PRINCIPLES OF PLAY STARTS/RESTARTS	PRINCIPLES OF PLAY STARTS/RESTARTS	ENDURANCE SPEED STRENGTH COORDINATION SEE/REACTS TO FLOW ETHUSIAM GOOD LISTENER COMMITMENT/DESIRE POSITIVE ATTITUDE TEAM PLAYER	5-EXCEPTIONAL 4-VERY GOOD 3-GOOD 2-AVERAGE 1-BELOW AVERAGE	ADD ALL COLUMNS TOGETHER FOR TOTAL SCORE
PLAYERS NAME									
1									
2									
3									
4									
5									
6									
7									
8									

PLEASE PLACE ONE NUMBER IN EACH BOX