WARMINSTER SOCCER CLUB PLAYER EVALUATION FORM

COACH_____ TEAM #_____ AGE DIVISION_____

Player's Name (Last,First)	Birthdate YMMD	Field Aware-ness	Dribbling Ability	Foot Strength	Foot Speed	Shooting Strength	Shooting Accuracy	Passing Accuracy	Trapping	Aggress-iveness	Defensive Play	Total	Average	Goal Keeping	Parent Participation

Rating Scale 1=Weak 2=Below Average 3=Average 4=Good 5=Excellent

Please note if any player had problems attending practice, was difficult to coach, or was not a team player.

COMMENTS (players of parents with special needs, etc.)- Use back if necessary