

Player Assessment

Fall Season , Year _____

Date _____

Division U16, U19

Circle or Delete one **Boys** **Girls**

Team Name _____ Team Number _____

Name of Coach _____ Coach Ph. # _____

Email _____ Cell Ph. # _____

Are you willing to coach next year? _____ Do you want to be more involved in the Regional decisions? _____

Asst. Coach _____ Coach Ph. # _____

Email _____ Cell Ph. # _____

Are you willing to coach next year? _____ Do you want to be more involved in the Regional decisions? _____

We will use the player assessments to balance the teams for next year. This is NOT a scouting report.

These assessments are to be kept confident. Only the head coach, the Coach Administrator and Registrar should see them. After submitting your assessment, please destroy/shred any and all other copies.

INSTRUCTIONS

* **Players Name:** Please enter ALL of their complete names, last name first. Even list them if they have dropped out

* **Assessment :** Please assess each player to an average player on an average team in your current age group

PLEASE BE REALISTIC ON THE PLAYER ASSESSMENT, not all players are rated at the top of the chart.

Typically, teams will have a few highs, few averages and a few less than average.

Assess each player according to this chart and input the number on the row with their name.

6 = is a stand out player, who would probably be the best player on most teams in the age group.

5 = would be one of the best of three players on most teams in the age group.

4 = would be a good player on most teams in the age group.

3 = would be an average player on most teams in the age group.

2 = would be a less than average player on most teams in the age group.

1 = Is a beginner in soccer, needs much improvement

* **RANKING :** We need you to rank every player. That means to put a #1 for your best player, a #2 for your second best, a #3 for your next best and so on , until you have placed a different number for every player on your team.

No two players should have the same ranking.

	Players Name (Alphabetical order by last name)	Date of Birth	Jersey #	Assess - ment	Ranking	Real Short and Real Sweet Comments
	Sample, John	01/01/96	99	3	2	ition does player New player, has a lot of p
1						
2						
3						
4						
5						
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