



Gilbert Soccer Club Player Evaluation Form

Name: _____

Date: _____

1= Excellent

2= Good

3= Opportunity for improvement

4= Below average

5= Unsatisfactory

Athleticism:

Fitness	1	2	3	4	5	N/A	_____
Speed	1	2	3	4	5	N/A	_____
Strength/ Power	1	2	3	4	5	N/A	_____

Comments

Overall 1 2 3 4 5 N/A _____

Technical:

Dribbling	1	2	3	4	5	N/A	_____
Passing	1	2	3	4	5	N/A	_____
Receiving	1	2	3	4	5	N/A	_____
Heading	1	2	3	4	5	N/A	_____
Finishing	1	2	3	4	5	N/A	_____

Overall 1 2 3 4 5 N/A _____

Psychological:

Attitude	1	2	3	4	5	N/A	_____
Coachable	1	2	3	4	5	N/A	_____
Discipline	1	2	3	4	5	N/A	_____
Leadership	1	2	3	4	5	N/A	_____
Sportsmanship	1	2	3	4	5	N/A	_____

Overall 1 2 3 4 5 N/A _____

Tactical:

Movement 1 2 3 4 5 N/A _____

Off of ball

Defensive 1 2 3 4 5 N/A _____

Structure

Offensive 1 2 3 4 5 N/A _____

Structure

Reads the 1 2 3 4 5 N/A _____

game

Understands 1 2 3 4 5 N/A _____

The game

Overall 1 2 3 4 5 N/A _____

Your role on the team:

Improvements to be made:

Coach's Name _____

Signature _____