

U-MSC

DATE:

Player Assessment Form
 MALE / FEMALE (please circle)

AGE: _____

Personal Information					
NAME:		D.O.B			POSITION:
TEL#:		D M Y / /			
Criteria	Assessment				Particular Characteristics
	Average	Good	Very Good	Overall 1-5	
Dribbling					
Feinting					
Ball Control					
Short/Long Passing					
Receiving and Shielding Ball					
Heading					
Shooting					
Acceleration Speed					
Basic Speed					
Endurance					
1 v 1 Attacking					
1 v 1 Defending					
Determination					
Attitude					
Concentration					
Self-Confidence					
Imagination					
Coach's Comments:					

- 1- Needs Improvement
- 2- Fair
- 3- Average
- 4- Above Average
- 5- Excellent