

NAME: _____ **DATE:** _____

AGE GROUP: _____ **TEAM:** _____ **SEASON:** Fall Spring 20_____

1: Poor 2: Needs Improvement 3: Average 4: Good 5: Great

TECHNICAL The ability to efficiently perform a skill or soccer specific movement

Passing	NA	1	2	3	4	5	Ball Control	NA	1	2	3	4	5
Receiving	NA	1	2	3	4	5	Dribbling	NA	1	2	3	4	5
Finishing	NA	1	2	3	4	5	Defending	NA	1	2	3	4	5

MENTAL Aspects to develop intelligent and mentally strong players

Attitude	NA	1	2	3	4	5	Discipline	NA	1	2	3	4	5
Competitiveness	NA	1	2	3	4	5	Respect	NA	1	2	3	4	5
Concentration	NA	1	2	3	4	5							

Comments: _____

EXPRESS