



PLAYER EVALUATION FORM - LSSC

TYKE / MICRO 1 & 2

COACH: _____

TEAM NAME: _____

DIVISION: _____

PLAYER NAME	POSITION (OFFENSE/DEFENSE/ ANY)	SPEED	BALL CONTROL	INVOLVEMENT	OVERALL	OTHER STRENGTH (SPECIFY)

We are trying to obtain an overall picture of the ability levels of our youngest players to determine how we will formulate our development plan. Please evaluate all players as objectively as you can.

Rate the players 1 – 3 (1 is highest)

Position is to indicate if the player has a tendency for either offensive or defensive play ... if not, put ANY

Other strength, e.g. goalkeeper, passing, power, positioning

FORMS WILL BE COLLECTED ON SATURDAY MORNINGS, OR CAN BE HANDED IN AT THE TYKE / MICRO OLYMPICS ON AUGUST 20