



VYSA Olympic Development Program

Player Evaluation Form



Please Print

Athlete's Name _____ ODP Age Group _____

Coach's Name _____ Club Team/Position _____

Club Coach/Email _____ Date _____

Ratings

- 1 = Needs Improvement
- 2 = Average
- 3 = Good
- 4 = Very Good
- 5 = Excellent

Technical	Rating by Player	Rating by Coach
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Control	_____	_____
Dribbling	_____	_____
Passing	_____	_____
Short	_____	_____
Long	_____	_____
Range	_____	_____
Heading	_____	_____
Offensive	_____	_____
Defensive	_____	_____
Tackling	_____	_____
Shooting	_____	_____
Volleys	_____	_____
Non	_____	_____
Dominant Ft.	_____	_____

Tactical

Decisions	_____	_____
Defending	_____	_____
Reading Play	_____	_____
Response to	_____	_____
Set Plays	_____	_____
Positioning	_____	_____
Attacking	_____	_____
Communication	_____	_____
Winning 1V1's	_____	_____

Physical

	Rating by Player	Rating by Coach
Strength	_____	_____
Speed	_____	_____
Explosive	_____	_____
Power	_____	_____
Balance	_____	_____
Endurance	_____	_____
Flexibility	_____	_____
Agility	_____	_____
Fitness	_____	_____

Mental/Psychological

Commitment	_____	_____
Anticipation	_____	_____
Determination	_____	_____
Pride	_____	_____
Attitude	_____	_____
Composure	_____	_____
Concentration	_____	_____
Leadership	_____	_____
Passion for the Game	_____	_____

Personal Responsibility for His/Her (Coaches Rating Only)

Equipment	_____
Punctuality	_____
Appearance	
Looks Clean and Professional	_____

Comments from ODP Coach

Comments from Player

Do you have what it takes? yes or no

Goals to Accomplish

Recommendations for Improvement to Achieve Your Goals

Player's Signature _____

Coach's Signature _____