Team and Player Evaluation Form

Coach: Date:

Team:

Season: Fall

Games Played	Wins	Loses	Ties	Current league ranking

Please complete the chart using the following directions, all information is kept strictly confidential:

For position, please write in "G" for Goalie, "D" for Defense and "F" for forward

For "Team Rank" please rank your players from top player at (#1) to the bottom player at (#20)

For "Level next year", please write "U" if you feel he should move up, "D" for down, "S" for same

For all other categorites, please rate the players using a 1 through 5 scale: **1=poor 2=below average 3=average 4=above average 5=excellent**

	Player's Name	Birth year	Position	Attitude	Effort	Leadership	Sportsmanship	Attendance	Focus	Discipline	Competitiveness	Positional Play	Fwd skating	Bwd skating	Agility	Shooting	Shot Release	Shooting in stride	Shooting with head	Passing	Receiving	Parents support	Overall as a player	Team Rank	Level next year	Comments
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