



Washington State Youth Soccer Association · WSYSA

500 S. 336th Street Suite #100 · Federal Way, Washington 98003
(253) 4-SOCCER · FAX (253) 925-1830 · e-mail: wsyasa@wsyasa.com
www.wsyasa.com

PLAYER EVALUATION FORM

Player Name _____

Boys/Girls U - _____

(1) **General ball control without pressure:**

Specific Comment _____

(2) **Ball control under pressure:**

Specific Comments _____

(3) **Accuracy and timing of passes:**

Specific Comments _____

(4) **Overall game without the ball (offensively and defensively):**

Specific Comments _____

(5) **Overall physical dimensions (quickness, power, agility, etc.)**

Specific Comments _____

(6) **Overall psychological dimensions (mental toughness, basic attitude, etc.)**

Specific Comments _____

(7) **Extraordinary and unique abilities:**

Specific Comments _____

Evaluating Coach _____ Date _____

