

# Youth Soccer Tryout Evaluation Form

Player Name

Date of Birth

Age Group

Preferred Position

Evaluator

Tryout Date

Skill	Score (1-5)	Comments
Passing	<input type="text"/>	<input type="text"/>
Dribbling	<input type="text"/>	<input type="text"/>
Shooting	<input type="text"/>	<input type="text"/>
Defense	<input type="text"/>	<input type="text"/>
Speed	<input type="text"/>	<input type="text"/>
Endurance/Fitness	<input type="text"/>	<input type="text"/>
Field Awareness	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Coachability	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Additional Notes