## **Team and Player Evaluation Form**

Coach:																					Date:								
Team:																													
Season: Fall								Games Played Wins Losses Ties										Current League Ranking											
	Please complete the chart using the following directions, all information is strictly confidential:																												
	For position, please write "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 categories, please rate the players using 1 through 5 scale: 1=poor 2=below average 3=average 4=above average 5=excellent																												
							hip				Competitiveness	>					6)	Shooting in Strid	th F			Parents Support	Play		Level Next Year				
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