

UNITED SPEED CLINIC



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GENERAL TEAM EVALUATION

Team Name

Team Age

Division/Flight

Teams Record

Gender

1) Rate your teams general athletic ability. (1 being the lowest - 5 highest)

1) General Balance	1	2	3	4	5
2) Acceleration (General Movement)	1	2	3	4	5
3) Recovery Speed	1	2	3	4	5
4) Overall Speed	1	2	3	4	5

2) Rate your teams technical (soccer specific) skill.

1) Finishing	1	2	3	4	5
2) Ball Control	1	2	3	4	5
3) Heavy First Touch	1	2	3	4	5
4) Trapping/Receiving	1	2	3	4	5

3) Rate your teams general Soccer Agility.

1) Winning 50/50 balls	1	2	3	4	5
2) Getting pushed off of the ball	1	2	3	4	5
3) Lateral Movement w/ ball	1	2	3	4	5

4) Please circle the foot moves that your team in general can use in practice and in in the game. G (general use) P (practice) M (match)

Scissors	G	P	M
Step Overs	G	P	M
Rollovers	G	P	M
Maradonna	G	P	M
Combination foot moves	G	P	M

additional remarks -