



CYAA Youth Soccer Coaches Evaluation Form

Players Name _____

Coaches Name _____

Coaches, please rank player characteristics with (1) being the lowest score and (5) being the highest score. Circle or highlight selected score.

Attendance at practice & games	1	2	3	4	5
Sportsmanship	1	2	3	4	5
Teamwork	1	2	3	4	5
Positive Attitude/Leadership	1	2	3	4	5
Positive Role Model for Others	1	2	3	4	5
Effort/Attention/Hustle	1	2	3	4	5

Score Total _____

(If possible, please submit comments in separate word document.)

Coaches comments: _____

Coaches Signature _____

Completed forms should be returned to the player or in the event that you would like to keep your comments private, can be sent to my attention using the information below.

Mail or email complete application to:

Scott McCuen – CYAA League Director
2406 Stumptown Road
Bird in Hand, PA 17505

cyaasoccer@comcast.net