

## **Kailua AYSO Region 100**

## **Player Evaluation Form – Fall 2025**

<b>Coach:</b>		D	ivision:	Gender:
Assistant Coach:				
Please read the following directions BEFORE cor 1. Fill-in the name of your Assistant Coach (pleas			luation Form:	
2. List your players in alphabetical order by last n	ame.			
3. RATE THE PLAYERS ON YOUR TEAM IN CO GROUP DIVISION (i.e., U6 Girls, U10 Boys, er skill level and abilityNOT their age. See the	tc.) by a	ssigning a nume	rical rating base	
4. For "Parental Support", please list any exception linesperson duty, assist with team, etc., please				s, willing to help with
RATING PLAYER SKILL LEVEL (rate Player in com 1 Limited Skills Players who have never played before disruptive to the game				
<ul> <li>2 Fair Skills Developing basic skills or understanding</li> <li>3 Average Skills Has basic skills and understanding of negatively</li> <li>4 Very Accomplished Skills Good individual and tea</li> <li>5 Excellent Skills High impact player; can carry a tea</li> </ul>	of the gai m skills v	me; generally, does	le positions or exc	cellent at one position
Player's Name		rrent Rating		s / Parental Support
	_			

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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<b>Coach:</b>		Division:	Gender:
Assistant Coacl	h:		
Player's Name	Current Rating	Comments	s / Parental Suppor
	-		
ch's Signature:		Date:	