

OLYMPIC DEVELOPMENT PROGRAM (ODP) EVALUATION

Evaluator: _____ Age Group: _____ Date: _____

Player Number: _____ Overall Evaluation: _____

Field Player

TECHNICAL					
Dribbling	1	2	3	4	5
Passing	1	2	3	4	5
Receiving	1	2	3	4	5
Finishing	1	2	3	4	5
Heading	1	2	3	4	5
TACTICAL					
Passing Vision	1	2	3	4	5
Creating Space	1	2	3	4	5
Supporting Angles	1	2	3	4	5
Transition	1	2	3	4	5
Creativity	1	2	3	4	5
Decision Making	1	2	3	4	5
PSYCHOLOGICAL					
Mental Toughness	1	2	3	4	5
Work Rate	1	2	3	4	5
Attitude	1	2	3	4	5
Composure in Session	1	2	3	4	5
PHYSICAL					
Quickness	1	2	3	4	5
Speed	1	2	3	4	5
Fitness	1	2	3	4	5
Coordination	1	2	3	4	5
Agility	1	2	3	4	5

Goalkeeper

TECHNICAL					
Footwork	1	2	3	4	5
Stance	1	2	3	4	5
Breakaways	1	2	3	4	5
Catching	1	2	3	4	5
Distribution	1	2	3	4	5
Low/High Diving	1	2	3	4	5
Crosses	1	2	3	4	5
Foot Skills	1	2	3	4	5
TACTICAL					
Angle Play	1	2	3	4	5
Positioning	1	2	3	4	5
Communication	1	2	3	4	5
Reading The Game	1	2	3	4	5
Initiating the Attack	1	2	3	4	5
Organization	1	2	3	4	5
PSYCHOLOGICAL					
Leadership	1	2	3	4	5
Mental Discipline	1	2	3	4	5
Courage	1	2	3	4	5
Concentration	1	2	3	4	5
Training Ethics	1	2	3	4	5
Confidence	1	2	3	4	5
PHYSICAL					
Agility	1	2	3	4	5
Reflexes	1	2	3	4	5
Vertical Jump	1	2	3	4	5
Flexibility	1	2	3	4	5
Strength & Power	1	2	3	4	5

Comments: _____

1= Excellent 2= Good 3= Above Average 4=Average 5=Needs Improvement

OVERALL EVALUATION RATING SCALE:

1—State Team Player 2—State Pool Player 3—District Team Player
 4—District Pool Player 5—Club Player



Eastern New York Youth
Soccer Association, Inc.
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