

CCYHA PLAYER EVALUATION FORM

Name: _____ Team: Mites / Squirts / Pee Wees / Bantams / Midgets

DOB: _____ Position: _____ Shot: _____ Ht: _____ Wt: _____

Overview	Poor	Fair	Average	Good	Very Good	Excellent
Skating	0	1	2	3	4	5
Puck Handling	0	1	2	3	4	5
Shooting	0	1	2	3	4	5
Hockey Sense	0	1	2	3	4	5
Competitiveness	0	1	2	3	4	5
Resiliency	0	1	2	3	4	5
Character	0	1	2	3	4	5

Comments: _____
