

## COACH'S EVALUATION OF PLAYER OUTCOMES

Date \_\_\_\_\_

<b>EVALUATIVE QUESTION:</b>		Did significant, positive results occur on the objectives included in the performance areas listed below?												
<b>PERFORMANCE AREA</b>		<b>Player Name</b>											<b>Yes responses (%)</b>	
<b>SKILLS</b>														
Skating														
Puck Control														
Passing/Receiving														
Shooting														
Checking														
Goalkeeping														
Team Play														
<b>KNOWLEDGE</b>														
Rules														
Common Infractions														
Penalties														
Nutrition														
Conditioning														
<b>FITNESS</b>														
Energy Systems														
Muscular Systems														
<b>ATTITUDES</b>														
Personal														
Social														
Yes Responses (%)														
<p><b>EVALUATIVE RESPONSES:</b></p> <p>Record your assessment of player outcomes in each performance area by answering the evaluative questions with a YES or NO response.</p>														

## RECOMMENDATIONS FOR IMPROVEMENT

Record your assessment of player outcomes in each performance area by answering the evaluative questions with a YES or NO response.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

(7) \_\_\_\_\_

(8) \_\_\_\_\_

(9) \_\_\_\_\_

(10) \_\_\_\_\_

(11) \_\_\_\_\_

(12) \_\_\_\_\_

(13) \_\_\_\_\_

(14) \_\_\_\_\_

(15) \_\_\_\_\_

(16) \_\_\_\_\_

(17) \_\_\_\_\_

(18) \_\_\_\_\_

(19) \_\_\_\_\_

(20) \_\_\_\_\_

(21) \_\_\_\_\_

(22) \_\_\_\_\_

(23) \_\_\_\_\_

(24) \_\_\_\_\_

(25) \_\_\_\_\_