



Game Evaluation Player Self-Assessment

Name _____ Date _____
Vs. _____ Time _____

How did I Play?

Comments

Control	1	2	3	4	5
Passing	1	2	3	4	5
Dribbling	1	2	3	4	5
Running with the Ball	1	2	3	4	5
Turning Technique	1	2	3	4	5
Screening	1	2	3	4	5
Heading	1	2	3	4	5
Shooting	1	2	3	4	5
Defending	1	2	3	4	5
Awareness	1	2	3	4	5
Communication	1	2	3	4	5
Organization	1	2	3	4	5
Concentration	1	2	3	4	5
Attitude	1	2	3	4	5
Enthusiasm	1	2	3	4	5

What did I enjoy most about the game?

What can I do to improve today's performance?