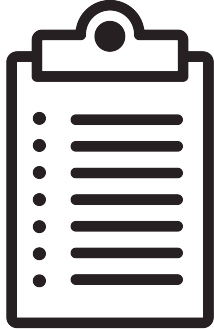


COACHING - TEAM SKILLS ASSESSMENT



REPEAT ASSESSMENT SHEET AT REGULAR INTERVALS DURING THE SEASON

TEAM NAME: _____ **DATE:** _____

FITNESS 1 2 3 4 5

MOVEMENT 1 2 3 4 5

COMMENTS: _____

BALL SKILLS 1 2 3 4 5

COMMENTS: _____

ATTACK 1 2 3 4 5

COMMENTS: _____

DEFENCE 1 2 3 4 5

COMMENTS: _____

SHOOTING 1 2 3 4 5

COMMENTS: _____

STRATEGY 1 2 3 4 5

COMMENTS: _____

