



WILLIAM AND MARY FIELD HOCKEY

COACH'S EVALUATION



Player _____ Positions Played _____ Date _____
 Player's Home Address _____ HS Grad Year _____
 _____ Player's Phone _____
 _____ () _____
 High School _____ Player's Cell _____
 School Address _____ () _____
 Coach _____ Phone numbers () _____
 Email _____ () _____

Please rate 1-4 relative to the best high school player you have recently coached or observed. If you have a particular athlete in mind, please name below. Rate E-N if you prefer to rate any skills relative to most high school players.

Name _____ HS _____ Yr _____ College _____

- 4 - Stronger
E - Exceptional
- 3 - Potentially Stronger
V - Very Good
- 2 - Similar
A - Average
- 1 - Not as Strong
N - Needs Work

PHYSICAL ABILITIES:

Endurance _____ Balance _____
 Quickness _____ 1st Step _____
 Speed _____ Agility _____
 Strength _____ Legs _____ Upper Body _____
 Overall athleticism _____

Please provide at least one dash time

Agility / Speed testing:
 1 Mile _____
 40 Yd Dash _____

PLAYING QUALITIES: (Stickwork, Skills, Field awareness)

Ball Control _____
 Passing / Vision _____
 Aerials / Strokes _____
 Anticipation / Timing _____
 On field Communication _____

Awareness (teammates/opponents) _____
 Playmaking _____
 Finishing _____
 Potential _____
 Presence _____

GK:

Agility _____
 Power _____
 Hand Speed _____
 Foot Speed _____

Decision Making _____
 Angles / Positioning _____
 Verbal Communications _____
 Timing _____

MENTAL QUALITIES:

Assertiveness _____	Trustworthiness _____	Positive Attitude _____
Can make good, quick decisions under Pressure _____	Self Discipline _____	Dedication to team _____
Leadership _____	Coachability _____	Team Rapport _____
Confidence _____		Reading the game _____

Comments:

Based on your experience, how does this player compare to the other high school athletes who have gone on to play "top 20" Division I hockey? Check all that apply.

PHYSICAL ABILITIES	<input type="checkbox"/> Stronger	<input type="checkbox"/> Potentially Stronger	<input type="checkbox"/> Similar	<input type="checkbox"/> Not as Strong
SKILLS	<input type="checkbox"/> Stronger	<input type="checkbox"/> Potentially Stronger	<input type="checkbox"/> Similar	<input type="checkbox"/> Not as Strong
GAME SENSE	<input type="checkbox"/> Stronger	<input type="checkbox"/> Potentially Stronger	<input type="checkbox"/> Similar	<input type="checkbox"/> Not as Strong
MENTAL QUALITIES	<input type="checkbox"/> Stronger	<input type="checkbox"/> Potentially Stronger	<input type="checkbox"/> Similar	<input type="checkbox"/> Not as Strong

In your judgment, please rate the potential competitive level of this athlete (Division I = top 20 NCAA)

...as a freshman: (Circle)

Div III Div II Div I Div I Starter Div I All American

...as an upperclassman (Circle)

Div III Div II Div I Div I Starter Div I All American US Team

At what colleges have your student athletes played hockey? _____

Is this player motivated to train and / or practice on her own? _____

What does this athlete need to become a more complete player? _____

Are there others on your team who are interested in W&M? If so, what are their names and how do they compare to this athlete? _____

(Coach's Signature)

Date

If applicable, please briefly identify the groups with which your team is affiliated. (E.g.: conference, district etc.)

Thank you for your evaluation of this player. Please contact me if you have any questions or further comments.
Your time and expertise are sincerely appreciated!

RETURN TO:

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