Player Assessment Form

Hockey Albury-Wodonga

Date: **Year/Comp/Zone/Team:** **Assessor Name:**

	NAME	SURNAME	Position	Position	Pushing	Hitting	Slapping	Trapping	Tackling	Elimination	Speed	Awareness	Accountability	Behaviour	Attitude	TOTAL	RATING (1-5)	COMMENTS
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		

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Hockey Albury-Wodonga

Date: **Year/Comp/Zone/Team:** **Assessor Name:**

	NAME	SURNAME			Pushing	Hitting	Slapping	Trapping	Tackling	Elimination	Speed	Awareness	Accountability	Behaviour	Attitude	TOTAL	RATING (1-5)	COMMENTS
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
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35																		
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37																		
38																		
39																		
40																		

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Hockey Albury-Wodonga

Date: **Year/Comp/Zone/Team:** **Assessor Name:**

	NAME	SURNAME			Pushing	Hitting	Slapping	Trapping	Tackling	Elimination	Speed	Awareness	Accountability	Behaviour	Attitude	TOTAL	RATING (1-5)	COMMENTS
41																		
42																		
43																		
44																		
45																		
46																		
47																		
48																		
49																		
50																		
51																		
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