

# THE ULTIMATE FOOTBALL (SOCCER) COACHING CLINICS



# FOOTBALL COACHING PERSONAL PROFILE

Name: ..... Date: .....

I have outlined below the areas of your game in which you are performing well and also noted some areas where you will improve with more practice.

INDIVIDUAL SKILLS							
	EXCELLENT	GOOD	WILL IMPROVE WITH PRACTICE		EXCELLENT	GOOD	WILL IMPROVE WITH PRACTICE
<b>PASSING</b>				<b>HEADING</b>			
<input type="checkbox"/> Right foot accuracy				<input type="checkbox"/> Gives on contact with head			
<input type="checkbox"/> Left foot accuracy				<input type="checkbox"/> Displays confidence in heading ball			
<input type="checkbox"/> Passes accurately with both instep and outside of foot				<input type="checkbox"/> Displays control/accuracy in heading to teammates			
<b>DRIBBLING &amp; BALL CONTROL</b>				<b>TACKLING</b>			
<input type="checkbox"/> Keeps ball close to body				<input type="checkbox"/> Moves to attacker with confidence			
<input type="checkbox"/> Displays confidence against defender				<input type="checkbox"/> Displays balance and timing			
<input type="checkbox"/> Uses both feet competently				<input type="checkbox"/> Jockeys/uses body position effectively to shut down attacker			
<input type="checkbox"/> Turns confidently on ball w/both feet							
<b>RECEIVING BALL</b>				<b>SHOOTING</b>			
<input type="checkbox"/> Moves to ball quickly				<input type="checkbox"/> Right foot accuracy			
<input type="checkbox"/> Displays balance and control				<input type="checkbox"/> Left foot accuracy			
<input type="checkbox"/> Moves into open space to receive ball				<input type="checkbox"/> Directs ball towards corners of goal			
<input type="checkbox"/> Calls for ball				<input type="checkbox"/> Hits ball with laces and toes pointing towards ground			

General comments: .....

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Coach's name: ..... Coach's signature: .....