**STATE TEAM TRY-OUT ASSESSMENT FORM**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE GROUP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Skating, Shooting, Passing, and Positioning to be scored out of 5, where 1 = Poor; 2 = Fair; 3 = Average; 4 = Good; 5 = Excellent**

**\*Yes, No, Bubble – please tick only ONE, with your opinion as to whether or not they should make the team (Bubble being on the edge of Y/N)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **D.O.B** | **Jersey** | **Position (F/D)** | **Skating** | **Passing/****Stickhandling** | **Shooting** | **Positioning/****Hockey sense** | **Yes** | **No** | **Bubble** |
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| **Name** | **D.O.B** | **Jersey** | **Position (G)** | **Skating** | **Puck control** | **Stopping the puck** | **Positioning/****Decision making** | **Yes** | **No** | **Bubble** |
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**Assessor name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**