



TEAM PROFILE

Our primary objective is to serve you and your team to the best of our ability. Toward that end, we would appreciate your assessment of your team's overall performance. Your feedback will help us analyze your needs and provide your team with maximum results.

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Yes, I am the Coach/Team Manager and will be attending portions or all of the camp week.

Name: _____ Camp Location: _____

Team Name: _____ Age Group: _____ Gender: boys girls

Preferred System of Play (4-4-2, 3-5-2, 4-3-3, other, etc.) _____

Please use the following scale to assess your team's ability and overall performance:

	1	2	3	4
	Outstanding	Good	Fair	Poor
1. Overall General Ability				
Technical Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactical Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication on the Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Condition/Athleticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unity and Team Spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability of the Defense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability of the Midfield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability of the Forwards/Strikers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the following topics you would like to see emphasized at camp:

2. Technical Training

- Dribbling
- Turns & Shielding the Ball
- Moves to Beat Opponents & 1v1 Situations
- Trapping & Ball Control
- Passing & Receiving
- Shooting Technique
- Heading
- Other _____

3. Tactical Training (Defensive)

- Individual Defensive Tactics
- 2nd/3rd Defensive Roles
- Defensive Balance and Shape
- Communication
- Utilizing Off Side Trap
- Defending Corners/Set Pieces
- Other _____

4. Offensive Tactical Training

- Combination Plays
- Movement of the Forwards
- Offensive Corners/Set Pieces
- 1v1 and 2v1 Offensive Situations
- Other _____

5. Conditioning

- Footwork & Coordination
- Speed Training
- Reaction/Anticipation
- Flexibility
- Strength Training
- Other _____

Please List the top three things that you want your team to improve on at camp (Please be specific):

1. _____
2. _____
3. _____

Extra space for additional comments (feel free to use the back if more space is needed)
