



Overage Player On Ice Evaluation Form

Player's Name:

Player's Birthdate (mm/dd/yyyy):

Date of Evaluation:

Location:

Evaluator's Name:

Evaluator Email and phone number:

Circle the score and provide comments.

	1 = Poor 2 = Below Average 3 = Average 4 = Above Average 5 = Outstanding
Skating <i>Comments</i>	Acceleration, speed, mobility, agility, balance, stride, crossovers, pivots, acceleration out of turns, quick feet, controlled skating, change of pace. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Passing <i>Comments</i>	Passing, receiving, passing choices, on backhand, unselfish with the puck, presents a good target, receives and retains with control, touch passing. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Puckhandling <i>Comments</i>	Head ups, smooth and quiet, good hands, protection, in small spaces, in traffic. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Shooting <i>Comments</i>	Power, accuracy, quick release, can shoot in motion, goal scorer, rebounder, variety of shots. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Checking Skills <i>Comments</i>	Concept of angling, good body position with balance and control, defensive side position, aggressive checker, strength, taking checks. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

Overall Ranking: 5

Overall Comments:

Recommendation: Deny the request as an overage player

Submit completed On Ice Evaluation Forms for Overage Player requests with Overage Application on the Portal.

