



# WOMEN'S SOCCER

## PROSPECTIVE STUDENT-ATHLETE QUESTIONNAIRE

Women's Soccer Office  
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Head Coach: Nancy Feldman  
Asst. Coaches: David Bucciero  
Liz Driscoll

### Personal

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ DOB \_\_\_\_\_ Ht. \_\_\_\_\_ Wt \_\_\_\_\_

Parent Name \_\_\_\_\_ Occupation \_\_\_\_\_ College \_\_\_\_\_

Parent Name \_\_\_\_\_ Occupation \_\_\_\_\_ College \_\_\_\_\_



## Coach's Recommendation

Player's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Coach's Name \_\_\_\_\_ Club/HS Team \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please rate your player in each area using the following scale:

1 = Excellent

2 = Good

3 = Fair

4 = Poor

1st Touch \_\_\_\_\_ Agility \_\_\_\_\_ Game sense \_\_\_\_\_

Passing \_\_\_\_\_ Speed \_\_\_\_\_ Field Vision \_\_\_\_\_

Shooting \_\_\_\_\_ Quickness \_\_\_\_\_ Work rate \_\_\_\_\_

Tackling \_\_\_\_\_ Endurance \_\_\_\_\_ Enthusiasm \_\_\_\_\_

Shielding \_\_\_\_\_ Strength \_\_\_\_\_ Leadership \_\_\_\_\_

Heading \_\_\_\_\_ Athleticism \_\_\_\_\_ Team Player \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Hands \_\_\_\_\_ Agility \_\_\_\_\_ Game sense \_\_\_\_\_

Footwork \_\_\_\_\_ Quickness \_\_\_\_\_ Mentally tough \_\_\_\_\_

Punting \_\_\_\_\_ Strength \_\_\_\_\_ Concentration \_\_\_\_\_

Throwing \_\_\_\_\_ Vertical jump \_\_\_\_\_ Leadership \_\_\_\_\_

Technique \_\_\_\_\_ Athleticism \_\_\_\_\_ Team Player \_\_\_\_\_

Additional Comments: \_\_\_\_\_