

Name: _____ Date: _____

How confident are you about completing these soccer activities?

Based on your current injury or condition, please rate how well you believe you can complete each of these soccer activities.

Please circle the number that matches your answer for each soccer activity listed.

Staff Use Only Eval ID #	Not confident	Somewhat confident	Moderately confident	Very confident	Fully confident	Does not apply to me
Sprint 10 yards	1	2	3	4	5	9
Backpedal 10 yards	1	2	3	4	5	9
Quickly change direction	1	2	3	4	5	9
A header in a game	1	2	3	4	5	9
A slide tackle in a game	1	2	3	4	5	9
10 shots from the 18 yard line in a game	1	2	3	4	5	9
10 throw-ins down the line in a game	1	2	3	4	5	9
Dribbling the ball around 10 cones	1	2	3	4	5	9
10 cross balls in a game	1	2	3	4	5	9
10 touch passes in a game	1	2	3	4	5	9
10 volleys in a game	1	2	3	4	5	9
10 corner kicks in a game	1	2	3	4	5	9
10 goal kicks in a game	1	2	3	4	5	9
10 punts in a game	1	2	3	4	5	9
10 goal keeper dives in a game	1	2	3	4	5	9
10 goal keeper punches in a game	1	2	3	4	5	9
10 goal keeper saves in a game	1	2	3	4	5	9