



For office use only – Name: _____

Goalie Evaluation

Evaluator Name: _____
 Date of Evaluation: _____
 Jersey Colour: _____

Division & Caliber: _____
 Jersey#: _____

Skills	Unable to initiate	Initiation	Acquisition	Consolidation	Refinement	Excelling	Quantifiable Data	Comments
Skating Skills								
Forward Skating – keeps stride & balance	0	1	2	3	4	5		
Quick reaction stops and starts	0	1	2	3	4	5		
Smooth lateral movement and shuffle	0	1	2	3	4	5		
Transitions smoothly front/back, side to side	0	1	2	3	4	5		
Demonstrates front/back “telescoping” moves	0	1	2	3	4	5		
Keeps balances, maintains readiness positions after blocking shot	0	1	2	3	4	5		
Positioning skills								
Plays angles properly, consistently	0	1	2	3	4	5		
Stays square to shooter, adjust to depth of net accordingly	0	1	2	3	4	5		
Controls and directs rebounds	0	1	2	3	4	5		
Good use of pads, blocker, glove and stick	0	1	2	3	4	5		
Demonstrates acute reflexes and agility								
Recovers rebounds & reorientates effectively	0	1	2	3	4	5		
Coach ability and Attitude								
Consistency of play & work ethic	0	1	2	3	4	5		
Cooperation & attentiveness to other players coaches (team player)	0	1	2	3	4	5		
Total								

General Comments: