GOALIE EVALUATION FORM

ASSOCIATION:_____

SKILL / AGE LEVEL: _____ **COLOR:** _____

SESSION # _____ **DATE:** _____

LOCATION: _____ **Evaluator** _____

Evaluator Page **1 - 9 Scale** **(No half numbers - Whole Numbers ONLY)**

Player Number	Player Code	Skating	Positioning	Compete	Rebound Control	Save Ability	Puck Handling	Total Points