

Goalie Evaluation Form

Goalie Name: _____

Team: _____

Date: _____

Skills Assessment

Positioning & Angles: _____ / 10

Butterfly Technique: _____ / 10

Glove Work: _____ / 10

Blocker Work: _____ / 10

Rebound Control: _____ / 10

Puck Handling: _____ / 10

Communication: _____ / 10

Mental Toughness: _____ / 10

Notes:
