

2009/2010 Goalie Evaluation Form

Goalie Name:

Team:

Coach:

Overall Rating:

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor

Goalies Top 3 Strenths

Goalies Top 3 Areas for Improvement

Rating of your goalie against other goalies you played against this year. My goalie was.....

- a. Much better
- b. A little better
- c. About the same
- d. A little worse
- e. A lot worse

What percentage of games did your goalie attend

What percentage of practices did your goalie attend

Other comments: