

Goaltender Name: _____

Level: _____ Birth Year: _____

Evaluation Type: _____ Date: _____

Evaluator Name: _____



Process		
See		
Acquisition		
Tracking		
Focus		
Understand		
Play Reading		
Pattern Recognition		
Awareness		

Comments:

Act		
Move		
Energy		
Skating		
Range		
Coordination		
Save		
Positioning		
Stance		
Rebound Control		

Comments:

Decide		
Drive		
Compete Level		
Motivation		
Confidence		
Adapt		
Creativity		
Save Selection		
Playmaking		

Comments:

Develop		
Learn		
Team Orientation		
Work Ethic		
Maturity		
Grow		
Athletic Habits		
Emotional Habits		
Practice Habits		

Comments:

Goaltender Name: _____

Level: _____ Birth Year: _____

Evaluation Type: _____ Date: _____

Evaluator Name: _____



Process		
See		
Acquisition		
Tracking		
Focus		
Understand		
Play Reading		
Pattern Recognition		
Awareness		

Comments:

Act		
Move		
Energy		
Skating		
Range		
Coordination		
Save		
Positioning		
Stance		
Rebound Control		

Comments:

Decide		
Drive		
Compete Level		
Motivation		
Confidence		
Adapt		
Creativity		
Save Selection		
Playmaking		

Comments:

Develop		
Learn		
Team Orientation		
Work Ethic		
Maturity		
Grow		
Athletic Habits		
Emotional Habits		
Practice Habits		

Comments:



USA Hockey Goaltending Evaluation Sheet

How to use this form

Average of all rated subcriteria
(not the categories).

Act	2/7
Move	-1/4
Energy	/ 0
Skating	/ 0
Range	/ 0
Coordination	- -1
Save	1
Positioning	++ 2
Stance	+ 1
Rebound Control	/ 0

Comments:
Add comments here. Can be in-line with criteria or as general notes.

← Average of all rated subcriteria.

Use shorthand when you notice something that helps the goalie compete, or holds them back.

Once you've finished evaluating, convert your shorthand to an overall rating.

++ = 2 = Strongly Beneficial

+ = 1 = Beneficial

/ = 0 = Neutral

- = -1 = Detrimental

-- = -2 = Strongly Detrimental