## **Goalie Specific Evaluation Criteria**

Evaluators Name:							Level:	Date:	
	Score each out of 5 0-low and 5-excellent								
No.	Lateral Mobility	Forewads /Backwar ds skating	Angles	Rebound Control	Lower Body saves	Upper Body Saves		Comments	Total Score (out of 30)
1									
29									
1									
29									
				i e	i		1		