



## CJSL Goaltending Game Evaluation

**Goalie Evaluated:** \_\_\_\_\_ **Team/Age Group:** \_\_\_\_\_

**Team Coach:** \_\_\_\_\_ **Opponent/Date:** \_\_\_\_\_ **Weather:** \_\_\_\_\_

Technique (catching high balls, catching low balls, diving, punching, parrying, throwing, punting, goal kicks and passing):

Tactical (positioning, angles, breakaways, distribution, free kicks/indirect/making walls/goal kicks and playing out of goal):

Physical (footwork, quickness, agility, strength and jumping):

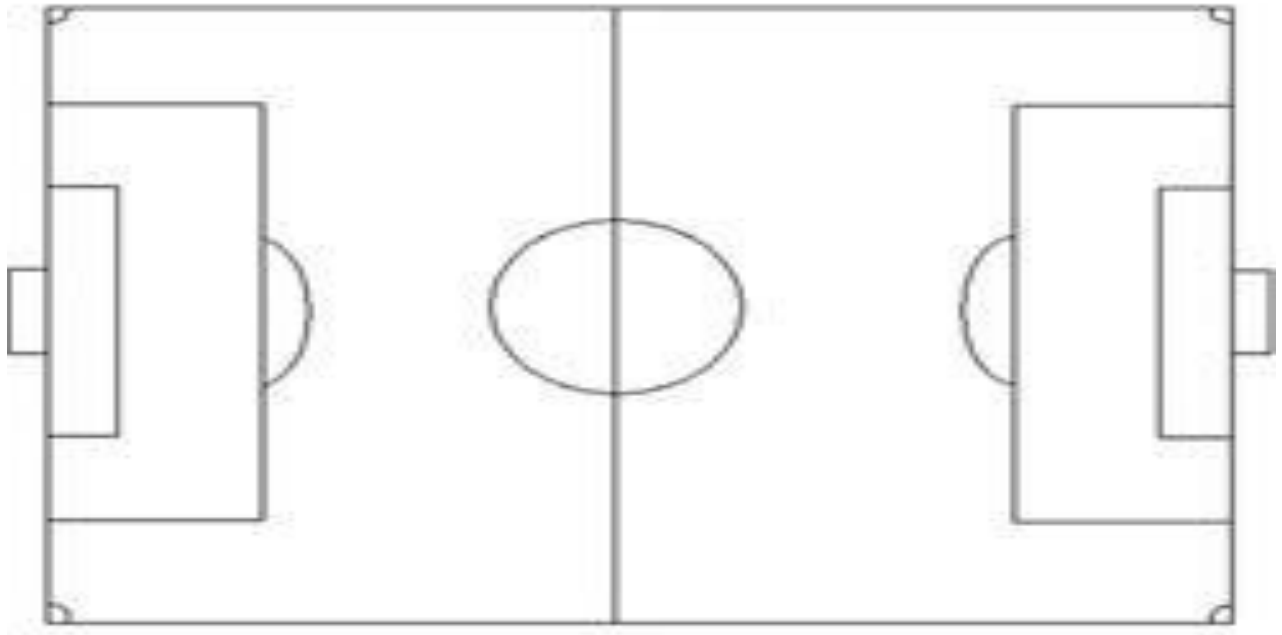
Mental (confidence, leadership, decision making communication and aggression.):

During Warm-Ups (attitude, basics, footwork, shots and crossing):

Post-Game Evaluation Discussion:

Areas to work on:

**Specific Shots and Touches:**



Specific Situation Notes:

---

---

**Saves/Goals Against:**

--

Specific Situation Notes:

---

---

Goalkeeper Signature of Receipt: \_\_\_\_\_

Follow Up Meeting Time/Location: \_\_\_\_\_