Goalkeeper Evaluation Form

Athlete's Name _____ Club _____ Date_____

Coach's Name _____ Team _____

Ratings

1 = Needs Improvement
2 = Average
3 = Good
4 = Very Good
5 = Excellent

Technique Rating

Without The Ball

A) Starting Position
Stance _____
B) Footwork _____
C) Jumping _____
D) Standing Position _____
on moment of shot

With The Ball

A) Catching
Along the ground _____
Underhand _____
Stomach height _____
Overhead catch _____
All of the above _____
while avoiding an opponent
B) Diving _____
C) Bouncing Balls _____
D) Deflecting
Next to the post _____
Over cross bar _____
E) Punching the Ball
Two fists _____
One fist _____
F) Breakaways 1:1 _____
G) Player Skills _____
outside the penalty box
H) Collecting Ball _____
in the air while being challenged

Attacking

A) Throwing
Underhand Roll _____
Midrange Throw _____
Over/Long Throw _____
B) Kicking
Punting _____
Drop Kick _____
C) Goal Kick
Short _____
Long _____

Tactics - Decision Making

Defending

Angle Play

A) During the game
Shots on the goal _____
Breakaways _____
Cross balls _____
Through balls _____
Outside the box _____
B) Extension of range
Chip balls _____
Cross balls _____
C) Attacking
Choice of kicking
or throwing _____

Organizing and Directing the Defense

Defending

A) During the game
Ball with opp. team
Far from goal _____
Close to goal _____
Own player w/ball _____
B) Re-Starts
Corner kicks _____
Direct free kicks _____
Indirect free kicks _____
Throw-ins _____
PK's _____

Physical

Endurance _____
Reflex Speed _____
Quick to situation _____
Flexibility _____
Power/Strength _____
Agility _____

Psychological

Motivation _____
Attitude _____
Courage _____
Concentration _____
Confidence _____
Anticipation _____
Rules of the game _____

In General

Sportsmanship _____
Care for equipment _____
Punctuality _____
Behavior _____

Comments

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Recommendations

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Coach's Signature _____