C.D.M.H.A. Skill Rating Form - Goalie

Player Name: _____

Division: _____

Date: _____

To be completed and returned to your Division Convenor at end of season

Skills	**Check the applicable rating:**
Angles	**1** ☐ **2** ☐ **3** ☐ **4** ☐
Glove Saves	**1** ☐ **2** ☐ **3** ☐ **4** ☐
Stick Saves	**1** ☐ **2** ☐ **3** ☐ **4** ☐
Freezing Puck	**1** ☐ **2** ☐ **3** ☐ **4** ☐
Game Sense	**1** ☐ **2** ☐ **3** ☐ **4** ☐
Teamwork	**1** ☐ **2** ☐ **3** ☐ **4** ☐
Willingness to Learn	**1** ☐ **2** ☐ **3** ☐ **4** ☐
Overall Rating	**1** ☐ **2** ☐ **3** ☐ **4** ☐

Coach's Comments:

Coach's Signature: _____

Legend

1	Improvement Needed
2	Developing
3	Good
4	Excellent