**Goaltending Questionnaire: October**

**Coaches:**

**Please take a moment to answer the following questions to assist us with the development of the goaltenders. Parents will not be viewing these evaluations, just the goalie coaches.**

**Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Goalies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please rate the goaltender 1-5, 1 being poor, 5 being excellent**

**Practice Habits:\_\_\_\_\_\_**

**Game Performance:\_\_\_\_\_\_\_**

**Focus:\_\_\_\_\_\_\_**

**Practice Attendance:\_\_\_\_\_\_**

**Attitude:\_\_\_\_\_\_\_**

**Additional Comments:**