



Evansville Soccer Club – Goalkeeper Evaluation

Name: _____ Age Level: _____ Date: _____

1 = Deficient ----- 5 = Exceptional

Kicking (Passing and Shooting)

Accuracy	1	2	3	4	5
Power	1	2	3	4	5
Inside	1	2	3	4	5
Outside	1	2	3	4	5
Instep	1	2	3	4	5
Weak Foot	1	2	3	4	5

Ball Control

Feet	1	2	3	4	5
Body	1	2	3	4	5
Head	1	2	3	4	5
Hands	1	2	3	4	5

Player Personality

Determination	1	2	3	4	5
Responsibility	1	2	3	4	5
Leadership	1	2	3	4	5
Positive Attitude	1	2	3	4	5
Mental Toughness	1	2	3	4	5
Coachability	1	2	3	4	5
Concentration	1	2	3	4	5

Physical Characteristics

Endurance	1	2	3	4	5
Speed	1	2	3	4	5
Quickness	1	2	3	4	5
Strength and Power	1	2	3	4	5
Agility	1	2	3	4	5

Tactical Characteristics

Reading the Game	1	2	3	4	5
Team Concept	1	2	3	4	5
Communication	1	2	3	4	5
Directing Defense	1	2	3	4	5

Comments:

Team Coach: _____ Director of Coaching: _____

Goalkeeping

Shot Stopping	1	2	3	4	5
Comments:					
Narrowing Angles	1	2	3	4	5
Comments:					
Cutting Crosses	1	2	3	4	5
Comments:					
Narrowing Angles	1	2	3	4	5
Comments:					
Narrowing Angles	1	2	3	4	5
Comments:					
Narrowing Angles	1	2	3	4	5
Comments:					

General Technical Characteristics

Range of Skills	1	2	3	4	5
Performance Under Pressure	1	2	3	4	5
Consistency	1	2	3	4	5
Comments:					