Evaluator; **Almaguin Minor Hockey Association Evaluation Sheet Email Address:** Team Name: **Evaluation Date:** Division: ALL RATINGS ARE ON A SCALE OF 1 - 5 (5 = Excellent; 4 = Good; 3 = Average; 2 = Below Average; 1 = Weak) Skating Stick Personal Shoots (L/R) Pos 2? Cross-Stop Stick Heart/ Team Final /50 PLAYER'S NAME (#) Pos 1? Fwd. Bwd. Shot Pass Phisical Play Coach's Remarks Start Handle Intensity Glove Hand (L/R) Shot (L/R) Blo-cker Puck Final /50 Heart/ Clear GOALIES NAME (#) Coach's Remarks Glove Skating Stick Agil-ity Angles Challenges Contr. Intensity Rebnd **Additional Remarks:**