



COACH'S PARENTAL EVALUATION

DIVISION:

HOUSE LEAGUE
(Circle correct league)

TRAVEL

COACHES NAME:

Send to Marc Renaud
mrenaud@cawlocal200.org

PARENT'S NAME:

OR Fax: 519-256-8879

Please evaluate you child's coach using this evaluation form. This evaluation will be used for future training and in the coach's selection process. Please complete this form and mail to the address above.
All evaluations are to be submitted by December 31st.

Please read through the following questions and evaluate each question using the corresponding rating scheme in the column to the right.

1. Strongly disagree
2. Disagree
3. No opinion
4. Agree
5. Strongly agree

To be completed by the player:

- | | | | | | |
|--|----------|---|---|---|---|
| 1. Did you enjoy being on the hockey team? | 1 | 2 | 3 | 4 | 5 |
| 2. Did you learn more about hockey? | 1 | 2 | 3 | 4 | 5 |
| 3. Did your hockey skills improve? | 1 | 2 | 3 | 4 | 5 |
| 4. Are you planning to tryout for a hockey team next year? | No - Yes | | | | |
| 5. What was your favorite activity in practices? (<i>back of form</i>) | | | | | |
| 6. What was your least favorite activity in practices? (<i>back of form</i>) | | | | | |
| 7. Did you think playing time was fair? How could it have been better? | | | | | |
| 8. Did you think you had enough opportunity to ask questions? | | | | | |
| 9. What would you change to help next year's team? | | | | | |

To be completed by the parent:

- | | | | | | |
|---|---|---|---|---|---|
| 1. Did your child enjoy the hockey experience? | 1 | 2 | 3 | 4 | 5 |
| 2. Do you feel your child became a better hockey player? | 1 | 2 | 3 | 4 | 5 |
| 3. Did your child gain a better perspective of teamwork? | 1 | 2 | 3 | 4 | 5 |
| 4. Did the hockey experience help your child mature? | 1 | 2 | 3 | 4 | 5 |
| 5. Did hockey help your child's self-confidence? | 1 | 2 | 3 | 4 | 5 |
| 6. In your opinion, was playing administered appropriately? | 1 | 2 | 3 | 4 | 5 |
| 7. Was the coach's public conduct at games acceptable? | 1 | 2 | 3 | 4 | 5 |
| 8. Do you feel your child was treated with respect? | 1 | 2 | 3 | 4 | 5 |
| 9. How would you rate the coach's organization skills? | 1 | 2 | 3 | 4 | 5 |
| 10. How would you rate the coach's communication with parents? | 1 | 2 | 3 | 4 | 5 |
| 11. Please suggest changes that you think would improve the program. (<i>reply on back of form</i>) | | | | | |
| 12. Please list other questions that should be on this evaluation. (<i>reply on back of form</i>) | | | | | |

SIGNATURE

DATE

ADDITIONAL COMMENTS ON THE BACK