

Please return completed form to the office.

### Season Evaluation by Parent

Sport \_\_\_\_\_

Grade \_\_\_\_\_

Coach \_\_\_\_\_

Date \_\_\_\_\_

Name (optional) \_\_\_\_\_

Please answer the following questions.

**Coach**

- |   |     |    |              |
|---|-----|----|--------------|
| 1. The coach was on time to practice.   | YES | NO | I DON'T KNOW |
| 2. The coach was prepared for every practice.   | YES | NO | I DON'T KNOW |
| 3. The coach enforced the practice rules.   | YES | NO | I DON'T KNOW |
| 4. The coach expected a lot from my child this season.                                    | YES | NO | I DON'T KNOW |
| 5. The coach gave my child enough playing time.   | YES | NO | I DON'T KNOW |
| 6. The coach encouraged my child to improve.  | YES | NO | I DON'T KNOW |
| 7. The coach encouraged the team to play together.  | YES | NO | I DON'T KNOW |
| 8. The coach handled disciplinary issues well.  | YES | NO | I DON'T KNOW |
| 9. The coach had a good time at practice & games.   | YES | NO | I DON'T KNOW |
| 10. The coach told my child he/she did a good job or was improving throughout the season. | YES | NO | I DON'T KNOW |
| 11. I want the coach to coach my child next season.                                       | YES | NO | I DON'T KNOW |

Why? \_\_\_\_\_

**The Sport**

- |  |     |    |              |
|--|-----|----|--------------|
| 1. My child learned the rules of the sport.  | YES | NO | I DON'T KNOW |
| 2. My child enjoyed the games/matches/meets.                                       | YES | NO | I DON'T KNOW |
| 3. I enjoyed watching the games/matches/meets.                                     | YES | NO | I DON'T KNOW |
| 4. My child improved their skills this season.                                     | YES | NO | I DON'T KNOW |
| 5. My child enjoyed practices.   | YES | NO | I DON'T KNOW |
| 6. Many of my child's practices were cancelled.                                    | YES | NO | I DON'T KNOW |
| 7. My child was placed on an appropriate team according to my child's skill level. | YES | NO | I DON'T KNOW |

**Facilities**

- |  |     |    |              |
|--|-----|----|--------------|
| 1. The place where my child practiced was clean. | YES | NO | I DON'T KNOW |
| 2. The place where my child practiced was safe.  | YES | NO | I DON'T KNOW |
| 3. The equipment was clean.                      | YES | NO | I DON'T KNOW |
| 4. The equipment was in good condition.          | YES | NO | I DON'T KNOW |
| 5. The uniforms were in good condition.          | YES | NO | I DON'T KNOW |

Further Comments: \_\_\_\_\_

Use back of page if needed.