*Appendix I-2*



***Barrhead Minor Hockey Association Coach Evaluation Form – Parent***

Team Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team Tier\_\_\_\_\_\_\_\_

Your Name (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This evaluation form is read and reviewed by the BMHA Coach Selection Committee. The purpose of this form is to help BMHA determine future coaching positions and to use your suggestions to help improve our Association. Please answer each question to the best of your ability.

**Rating: 1 to 5, (with 1 being the lowest score and 5 the highest score)**

Head Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asst. Coach 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Asst. Coach 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asst. Coach 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Asst. Coach 4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Coaching Questions** | Head  Coach | Asst. 1 | Asst. 2 | Asst. 3 | Asst. 4 |
| Communicates well with players |  |  |  |  |  |
| Communicates well with parent |  |  |  |  |  |
| Respectful of officials and opposing team |  |  |  |  |  |
| Promotes respect from team players |  |  |  |  |  |
| Encourages team play |  |  |  |  |  |
| Is at all practices |  |  |  |  |  |
| Is at all games |  |  |  |  |  |
| Comes prepared for practices and games |  |  |  |  |  |
| Knowledge of the game and rules of hockey |  |  |  |  |  |
| Ability to teach the players new skills |  |  |  |  |  |
| Has control during games and practice |  |  |  |  |  |
| Maintains discipline on and off the ice |  |  |  |  |  |
| Does not use foul language |  |  |  |  |  |
| Coach is helpful on the ice |  |  |  |  |  |
| Communicates well with other coaches |  |  |  |  |  |
| **Coaches overall rating** |  |  |  |  |  |
| Did your child get a fair amount of ice time throughout the season? | Yes  No |
| Can you see a difference in your child’s ability from the beginning of the season to the end by having this head coach? | Yes  No |
| Did your child learn something about the game of hockey by playing for these coaches? | Yes  No |
| Did your child have fun this year? | Yes  No |
|  |  |

Additional comments about your coaches: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rating: 1 to 5, (with 1 being the lowest and 5 the highest score)**

|  |
| --- |
| **Manager Questions** |
| **Name of Manager:** | (Please circle) |
| Manager communicated well with parents | 1 2 3 4 5 |
| Manager and Head Coach communicated well with each other | 1 2 3 4 5 |
| Manager kept parents informed of association news and events | 1 2 3 4 5 |

Did you bring any concerns you may have had - **Circle One:**

To the attention of the Coach? Yes No N/A

To the attention of the Manager? Yes No N/A

If you answered YES to either of the above questions, was your concern addressed to your satisfaction? **Circle One:** Yes No

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

Would you recommend this head coach for next season? **Circle One**

Highly Recommend Recommend Conditionally Recommend Do not Recommend

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

Thank you.

BMHA