PKAC End of Year Evaluations

(Survey for Pee Wee, Bantam and Midget aged players)

By completing this evaluation form, you will assist the Polar Kings Athletic Club in determining any *program changes* for the 2017/18 season, including: *coaching decisions*. Your feedback, both positive and negative is appreciated and *critical to our hockey program*. All evaluations are confidential with results being shared with the Directors and in summary form to the coaches.

Please add any additional comments you may have on the back of this survey.

Thank you for completing this evaluation.

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Head Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asst. Coach (es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No**  | **Not Sure** |
| Was your hockey year a positive experience? |  |  |  |
| **Did your hockey skills improve this year?** |  |  |  |
| **Did your level of physical fitness improve this year?** |  |  |  |
| **Did your coaches encourage you to do your best?** |  |  |  |
| **Did your coaches show dedication to the team?** |  |  |  |
| **Did your coaches set & enforce player guidelines or rules?** |  |  |  |
| **Did your coaches treat players fairly and provide equitable opportunity & ice time to all players in most situations?** |  |  |  |
| **Did your coaches show good sportsmanship and encourage fair play?** |  |  |  |
| **Did your coaches provide you with positive feedback?**  |  |  |  |
| **Did you understand the coaches when they spoke to you (practice drills, constructive criticism, etc.)?** |  |  |  |
| **Did your coaches stress positive learning and fun, not strictly winning?** |  |  |  |
| **Were your practices well planned and organized?** |  |  |  |
| **Die your coaches provide more challenging drills throughout the year?** |  |  |  |
| **Did your coach provide other teaching methods (videos, off-ice, etc)?** |  |  |  |
| **Would you like to have these coaches again?** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **The number of practices our team had was** | **too few** | **right amount** | **too many** |
| The number of games our team had was | **too few** | **right amount** | **too many** |
| **The number of tournaments our team participated in was** | **too few** | **right amount** | **too many** |
| **The tryout or evaluation process was fair**  | **disagree** | **don’t know** | **agree** |
| **The season length was** | **too short** | **right length** | **too long** |

Evaluator’s Name: (Recommended, but not mandatory) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_