PKAC End of Year Evaluations (Parent Survey)

Evaluations are used for the sole purpose of providing *constructive feedback* to the PKAC & our coaches. The Board will use the results of these evaluations to determine 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 attach any additional comments that you may have. Thank you for completing this evaluation.

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

# Head Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asst. Coach (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Asst. Coach (2): \_\_\_\_\_\_\_\_\_\_\_ Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# A. Player Development

**Evaluate the degree to which you believe your child *changed* on the following characteristics: (Check off one)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Improved/**  **Increased** | **No Change** | **Declined/**  **Decreased** | **Don’t Know** |
| Physical Fitness Level |  |  |  |  |
| **Learning to Cooperate** |  |  |  |  |
| **Level of Self Confidence** |  |  |  |  |
| **Desire to continue to play hockey** |  |  |  |  |
| **Learning Specific Skills of the sport** |  |  |  |  |
| **Leadership Skills** |  |  |  |  |
| **Sportsmanship** |  |  |  |  |

### B. Feedback on the Structure of the Year & the Hockey Program (Circle One)

|  |  |  |  |
| --- | --- | --- | --- |
| 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  & objective | disagree | don’t know | agree |
| The season length was | too short | right length | too long |
| The number of hours required to volunteer was | too few | reasonable | too many |
| The total cost to play hockey this year was |  | reasonable | too expensive |

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

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###### C. Coaches’ Feedback

**Evaluation Criteria:**

**0 = Don’t know 1 = Completely dissatisfied 2 = Somewhat dissatisfied 3 = Satisfied 4 = Very Satisfied**

Please circle the applicable value for each evaluation component.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Head Coach | **Asst. Coach (1)** | **Asst. Coach (2)** |
| Has the technical knowledge to coach/asst. coach at this level | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Promoted player development in all areas (skills, team play, discipline etc.) | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Established and enforced player guidelines or rules of conduct | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Treated players fairly and provided equitable opportunity & ice time to all players in most situations | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Communicated well with parents | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Displayed respect for referees/game officials | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Exhibited good sportsmanship and encouraged fair play | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Provided corrective and constructive comments to players at games & practices | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Provided consistent and fair compliments to players at games & practices | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Stressed positive learning and fun, not strictly winning | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Listened to concerns;  was approachable | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Well-organized and ready with a plan for practices | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Instructed players adequately at practices | 0 1 2 3 4 | 0 1 2 3 4 | 0 1 2 3 4 |
| Based on this season circle the level(s) that you would recommend this individual coach at in the future? | \_\_\_this level  \_\_\_lower levels  \_\_\_higher levels | \_\_\_this level  \_\_\_lower levels  \_\_\_higher levels | \_\_\_this level  \_\_\_lower levels  \_\_\_higher levels |
| Based on this season would you want your son or daughter to play for this coach again? | Yes No | Yes No | Yes No |
| How would you rate the Manager’s performance? | Unsatisfactory | Satisfactory | Excellent |

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

Evaluator’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_