

PROGRAM EVALUATION

BY PARENTS

This form is to help us evaluate our hockey program. Please fill it out completely. All information will remain strictly confidential.

TEAM IDENTIFICATION

TEAM: \_\_\_\_\_ Competitive/House League
HEAD COACH: \_\_\_\_\_
ASS'T COACH: \_\_\_\_\_
MANAGER: \_\_\_\_\_ TRAINER: \_\_\_\_\_

Instructions

Please rate each item according to your level of satisfaction. Number 1 means not satisfied, number 5 mean very satisfied.

COACHES PROGRAM:

Table with 4 columns: Item, Rating 1-5, Item, Rating 1-5. Rows include Organization of practices, Conduct during games, Keeps parents informed, Discipline, Player motivation, Met General Expectations, Attitude towards players, Individual skill development, Team play development, Equal Ice time, Knowledge of hockey, Met Specific Expectations.

GENERAL:

Table with 4 columns: Item, Rating 1-5, Item, Rating 1-5. Rows include Head Coach, Manager, Your child's performance, Assistant Coach, Trainer, Other.

How would you rate the coach's success in achieving a balance between team success and player development? (Mark on scale)

Too Competitive Well Balanced Not Competitive Enough
/-----/-----/-----/-----/-----/-----/-----/-----/-----/-----/-----/-----/-----/-----/-----/

Would you want this head coach to coach your child next year? Yes [ ] No [ ]

Please feel free to add comments on the back of this form. Thank you.