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:

Organization of practices	1 2 3 4 5	Attitude towards players	1 2 3 4 5
Conduct during games	1 2 3 4 5	Individual skill development	1 2 3 4 5
Keeps parents informed	1 2 3 4 5	Team play development	1 2 3 4 5
Discipline	1 2 3 4 5	Equal Ice time	1 2 3 4 5
Player motivation	1 2 3 4 5	Knowledge of hockey	1 2 3 4 5
Met General Expectations	1 2 3 4 5	Met Specific Expectations	1 2 3 4 5

GENERAL:

Head Coach	1 2 3 4 5	Assistant Coach	1 2 3 4 5
Manager	1 2 3 4 5	Trainer	1 2 3 4 5
Your child's performance	1 2 3 4 5	Other _____	1 2 3 4 5

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
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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.