

Evaluation for SCMHA 2017-2018 Season

Please help us analyze our hockey program; your feedback is very important to us.
(Please use back page or attach additional sheets if necessary) **DEADLINE- APRIL 1ST OF
CURRENT YEAR**

Team Name: _____, **Division:** _____, **Age:** _____, **M/F:** _____

I Was Happy With: _____

I Was Unhappy With: _____

Recommendations:

Did your team hold parent meetings? _____. **Was that enough?** _____. **Did you feel communication was good on your team?** _____. **Was the coaching knowledge appropriate?** _____.

General Comments: (This area gives you the opportunity to make us aware of any issues/thoughts that you may have;. E.g. Ice Allocation, registration, fees, coaching issues, etc.)

Please return **in confidence** to:

Anderson & Company
Barristers & Solisitors
51 1st Ave. N.W.
Swift Current, Sask.
S9H-0M5
Attention: Independent Evaluation Consultant

Print Name

Signature

*****Please note: all forms must have a signature in order to be valid and will be held in total confidence.***
