

Sylan Lake Lacrosse Coach Evaluation Form



Please fill in each box

1. Unsatisfied
2. Needs Improvement
3. Satisfactory
4. Met Expectations
5. Exceeded Expectations

Coach's Name _____

The Coach made the sport fun for me	
The Coach improved me skills and Knowledge of Lacrosse	
The Coach treated me with Respect	
The Coach treated opponents and officials with respect	
The Coach was prepared for practices	
The Coach was prepared for games	
The Coach rewarded effort not just results	
The Coach was Positive and Encouraged our team	
Would I play for this Coach again? Yes/No	

Asst. Coach's Name _____

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Team Name: _____

Date: _____

Comments:

Asst. Coach's Name _____

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