**Taber Minor Hockey Association**

**Family Survey**

As the Taber Minor Hockey Association closes on another season, the Board of Directors is interested in hearing from our player parents to assist us in evaluating our Program.

We would appreciate feedback from you. You had entrusted your child’s hockey to the Taber Minor Hockey Association and we wish to strive to improve what we do in any reasonable manner possible.

Please complete the enclosed questionnaire on behalf of your child and your family and return it to a member of the coach’s selection committee, your team manager before “March 31st if at all possible. It can also be dropped off at the yearend banquet, emailed or mailed to the address below.

PLEASE understand that we wish this to be not only an opportunity for you to have a chance to let us know how we are doing, but also to provide constructive input to what we do, in attempting to provide our athletes with an opportunity to play at the highest level possible**.**

**All replies will be kept in confidence, only the coaching directors will see the evaluations. A summary will be made up with no names on it.**

Thank you for having your child be a part of our program and for those of you who reply, thank you for assisting the Taber Minor Hockey Association in trying to improve what the organization offers its members.

You will see a coach and manager’s evaluation as a second part to this evaluation form and hopefully you do not mind completing that as well.

**( optional )**

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletes Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Part 1

Was this the first, second, third, fourth or more year(s) with the Taber Minor Hockey? (**Circle one**)

Where had they played previously, if not with the Taber Minor Hockey? Please list town and years

Did your child enjoy this past hockey season in the Taber Minor Hockey organization? **Yes**  or **No**

We understand that there may be both yes and no so answers to this so perhaps you can give us feedback on that if there is something you wish to comment on:

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Did you, as a parent(s), enjoy this past hockey season in the Taber Minor Hockey organization? **Yes** or **No** What might we have done better, in your opinion, in our approach that would have improved the experience for our athlete, your family and our organization for the 2015 / 2016 season?

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Other constructive comments below would be appreciated:

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| **Part 2**  **Taber Minor Hockey Association – Evaluation- By Parents**  This form is designed to help us evaluate our coaches and managers - Please fill it out as completely as you can.    Return these completed pages to: Taber Minor Hockey Association -- Attn: President  Emailed to [taberminorhockey@gmail.com](mailto:taberminorhockey@gmail.com)  **Box 4795, Taber AB. T1G 2E1** on or before **March 31st, 2016** | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| There will be a drop off box at the yearend Banquet. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Taber Minor Hockey 2015-2016:** |  |  |  |  |  |  | **Team Level:** | | | |  |  |  |  |  |  |  | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Instructions - Please rate each item listed. 1 = Not Satisfied 5 = Very Satisfied.** | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
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| **Coaches Program** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Head Coach** | | | |  |  | **Asst. Coach** | | | |  |  | **Asst. Coach** | | | |  |  | **Asst. Coach** | | | | |
| *Write in Coaches Names* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Organization of Practices** | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |
| **Conduct During a Game** | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |
| **Discipline** | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |
| **Player Motivation** | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |
| **Attitude Towards Players** | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |
| **Individual Skill Development** | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |
| **Team Play Development** | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |
| **Equal Ice Time** | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |
| **Knowledge of Hockey** | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |
| **Off ice training and conditioning** | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |  | 1 | 2 | 3 | 4 | 5 |
| **How would you rate the Head Coaches success in achieving a balance between Team Success and Player Development?** | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Would you want this person to coach your child again in the future?** | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  | Yes | | No |  |  |  | Yes | | No |  |  |  | Yes | | No |  |  |  | Yes | | No |  |  |
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| **Team Manager:(Name)** |  |  |  |  |  |  |  |  | | | | | |  |  |  |  |  |  |  |  |  |  |
|  | 1 | 2 | 3 | 4 | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Keeps Parents Informed about -** | 1 | 2 | 3 | 4 | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Game Locations/Times** | 1 | 2 | 3 | 4 | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Tournament Choices** | 1 | 2 | 3 | 4 | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Financial Decisions/Team Money** | 1 | 2 | 3 | 4 | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **You may list additional comments on the back of this form** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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