



# **Alberta Lacrosse Association**

*Enhance character, community, and culture through lacrosse.*

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## **COACHING CLINIC EVALUATION**

**Clinic Host (LGB):**

**Clinic Date:**

**Clinic Level:**

**Sector:**

**Clinic Facilitator:**

I am familiar with the Lacrosse Canada/NCCP coaching pathway. YES NO

I know what I must do next to complete my certification. YES NO

**Please answer the following questions about the clinic content:**

I feel prepared to coach after taking this clinic. YES SOMEWHAT NO

What additional content would have made the clinic better?

**Please answer the following statements about the clinic Facilitator:**

The Facilitator was prepared. YES NO

The Facilitator used appropriate resources and materials. YES NO

The Facilitator was knowledgeable on the subject matter. YES NO

The Facilitator was engaging, keeping my attention throughout the clinic. YES NO

**Please answer the following statements about coaching resources:**

I am familiar with The Locker website. YES NO

I know how to log my coaching and professional development on my Locker profile. YES NO

I use The Locker to take online coaching courses. YES NO

I use the ALA website Coach Resources page. YES NO

I use Alberta Lacrosse TV. YES NO

I would find a coaching mentorship program beneficial. YES NO

**Please email evaluation to [info@albertalacrosse.com](mailto:info@albertalacrosse.com).**