#

# FLAGSTAFF FUSION LACROSSE ASSOCIATION

**Coaching Evaluation Form**

**NAME:**  **Phone #:**

**EMAIL:**

**TEAM OF REVIEW:**

 **COACH REVIEWED**:

1. **Did the coach treat players fairly & provide equal opportunity? Y / N**
2. **Did the coach keep the team controlled & respectful on the floor? Y / N**
3. **Was the coach an appropriate role model, kept his/her composure and kept “winning” in a perspective to the level coached? Y / N**
4. **Did the coach teach skills and tactics appropriate to the level of the team? Y / N**
5. **Organized a safe, fun and meaningful practices, made effective use of time?**

**Y / N**

1. **The coach kept the year positive and enjoyable for your athlete? Y / N**
2. **The coach interacted and communicated in an effective and timely manner with parents? Y / N**
3. **Did you bring any concerns you may have had to the attention of the coach? Y / N**
4. **Would you recommend this coach for future seasons? Y / N**
5. **Overall what rating would you provide this coach?**

**Unacceptable Poor Average Good Excellent**

**Comments:**

Do you wish to be contacted for a follow up discussion?

Yes / No

***Surveys will be kept confidential.***