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# FLAGSTAFF FUSION LACROSSE ASSOCIATION

**Manager Evaluation Form**

**NAME:**

**EMAIL:**

 **TEAM OF REVIEW**:

**PHONE NUMBER (C):**

1. **Did the manager communicate openly with the coach(es) about schedule changes, issues, etc? Y / N**
2. **Did the manager communicate openly with the parents about schedule changes, issues, etc? Y / N**
3. **Did the manager seek parent/coach/player opinion before making changes?**

**Y / N**

1. **Did you take any issues you may have had to the manager?**

**Y / N**

**Comments:**

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

Yes / No