

HARTLAND COMMUNITY SOCCER ASSOCIATION

2009 Coach Evaluation Form

Age Group: _____ **Level (In-House/Rec/Select/Premier):** _____

Team: _____

Coach's Name: _____

Hartland Community Soccer would greatly appreciate receiving parental feedback to assist us in the evaluation and overall performance of our coaching staff prior to making appointments for next season. We encourage you to provide us with all feedback, positive and negative.

We would appreciate if you took time to complete this evaluation and return this form to the box marked "Coach Evaluations" at the Farms concession stand. You may also mail your form to Chris Schiller c/o Hartland Community Education, 9525 Highland Road, Howell, MI 48843, fax it to 810-626-2151, or you may call Chris at 248-887-6759.

Your comments and evaluation will be held in the strictest confidence and reviewed.

Please circle one answer per question.

Scale: 1 – Rarely 2 – Sometimes 3 – Usually 4 – Always

- | | | | | |
|---|-----|----|---|---|
| 1. Was this coach prepared for games and practices? | 1 | 2 | 3 | 4 |
| 2. Were the practices well organized? | 1 | 2 | 3 | 4 |
| 3. Did this coach arrive to practice on time? | 1 | 2 | 3 | 4 |
| 4. Does this coach communicate or demonstrate effectively the concepts he/she is trying to teach? | 1 | 2 | 3 | 4 |
| 5. Did this coach display and encourage respect for game officials? | 1 | 2 | 3 | 4 |
| 6. Did this coach apply the principles of FAIR PLAY and encourage players to respect the letter and the spirit of the "laws of the game" of soccer? | Yes | No | | |
| 7. Did this coach display encouraging and positive conduct on the field? | 1 | 2 | 3 | 4 |
| 8. Did this coach have a positive attitude with all players? | 1 | 2 | 3 | 4 |
| 9. Did this coach motivate your child in a positive manner? | 1 | 2 | 3 | 4 |
| 10. Did this coach communicate in an age-appropriate manner with the players? | 1 | 2 | 3 | 4 |
| 11. Did this coach communicate well with the parents? | 1 | 2 | 3 | 4 |
| 12. Did your child have fun this season? | Yes | No | | |
| 13. Do you feel that as a direct result of being coached by your current coach your child's skill level has improved? | Yes | No | | |
| 14. Would you like this coach to return next season? | Yes | No | | |
| 15. Did you feel your coach is qualified to coach youth soccer? | Yes | No | | |
| 16. Do you feel your coach is qualified to coach at this age and level? | Yes | No | | |

What is your coach's greatest strength? _____

What does your coach need to improve? _____

How would you rate your level of satisfaction with the overall operation of the team?

Very satisfied _____ Generally Satisfied _____ Dissatisfied _____ Very Dissatisfied _____

What did you like the most about our club?

What did you like the least about our club?

Will your child be returning to play soccer for our club next season? If not, why?

Additional comments and suggestions:

Name (optional) _____

Thank you for taking time to complete this form!