



Coach Evaluation Form 2009-2010



Team: _____

Coach: _____

No need to sign your name. Your responses are confidential and will only be shared with coaches in the aggregate and without identifiers.

Please rate your child’s coach on a scale of 1 (lowest) to 5 (highest)

Personal conduct Rating: ____

Team discipline..... Rating: ____

Motivation Rating: ____

Communication with parents..... Rating: ____

Communication with players..... Rating: ____

Has your child’s skill level improved Rating: ____

Coaches ability to teach game tactics..... Rating: ____

Coaches ability to teach basic techniques... Rating: ____
(Passing, shooting, dribbling, trapping, etc.)

How many practice sessions (approximate percentage)
did you observe during the season?..... _____

	Yes	No
Is your child having fun?	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan to return to Michigan Tigers next year? ...	<input type="checkbox"/>	<input type="checkbox"/>
If the coach remains the same, will this team be your child’s first choice at tryout time?	<input type="checkbox"/>	<input type="checkbox"/>
Overall, are you satisfied with your child’s coach? ...	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

(Continue on back if necessary)