

Evaluation of Athletic Season By Parent/Family

Name (Optional): _____ Date: _____

Rating from **1** (worse possible) to **5** (best possible)

Was the coach on time for practices and games?

1 **2** **3** **4** **5**

Did the coach communicate changes in practices or games in a timely manner?

1 **2** **3** **4** **5**

How would you rate your relationship with the coach?

1 **2** **3** **4** **5**

How would you rate, as a parent or family member, your child's relationship with his/hers teammates?

1 **2** **3** **4** **5**

Would you say that your child had adequate opportunities to attend practices in this season's sport?

1 **2** **3** **4** **5**

Do you feel, as a parent or family member, that your participation in this season's sport was valued?

1 **2** **3** **4** **5**

Was the coach organized, prepared, and motivating?

1 **2** **3** **4** **5**

How would you rate the overall season?

1 **2** **3** **4** **5**

How would you rate the quality of skills your child learned this season?

1 **2** **3** **4** **5**

What was the number of games you attended?

What did you enjoy about this season?

What would you like to see changed or added for this sport?

Do you have any suggestions for improvement for this sport?

Do you have any comments regarding good qualities of the coach?
