



Coaching Evaluation Form

The purpose of this form is to assist the coaches in developing themselves and the program for next season. Please be frank and honest in your responses to the following questions. Your input is essential to improving the quality of the coaching next year. Please rate the Coach according to your level of satisfaction using the following scale by circling: 1 "not satisfied" to 5 "very satisfied".

To be completed by the player:	no - yes
1. Did you enjoy being on the hockey team?	1 2 3 4 5
2. Did you learn more about hockey?	1 2 3 4 5
3. Did your hockey skills improve?	1 2 3 4 5
4. Are you planning to try out for a hockey team next year?	1 2 3 4 5
5. What was your favorite activity in practices? <i>(back of form)</i>	
6. What was your least favorite activity in practices? <i>(back of form)</i>	
7. Did you think playing time was fair? How could it have been better?	1 2 3 4 5
8. Did you think you had enough opportunity to ask questions?	1 2 3 4 5
9. What would you change to help next year's team? <i>(back of form)</i>	1 2 3 4 5

To be completed by the parent:	no - yes
1. Did your child enjoy the hockey experience?	1 2 3 4 5
2. Do you feel your child became a better hockey player?	1 2 3 4 5
3. Did your child gain a better perspective of teamwork?	1 2 3 4 5
4. Did the hockey experience help your child mature?	1 2 3 4 5
5. Did hockey help your child's self-confidence?	1 2 3 4 5
6. In your opinion, was playing administered appropriately?	1 2 3 4 5
7. Was the coach's public conduct at games acceptable?	1 2 3 4 5
8. Do you feel your child was treated with respect?	1 2 3 4 5
9. How would you rate the coach's organization skills?	1 2 3 4 5
10. How would you rate the coach's communication with parents?	1 2 3 4 5
11. Please suggest changes that you think would improve the program. <i>(reply on back of form)</i>	
12. Please list other questions that should be on this evaluation. <i>(reply on back of form)</i>	

Please provide any additional comments on the back of this page, or on additional paper.

The information you provide is treated as confidential. Please include your name and phone number, as HMHA may need to clarify your comments. Recording your name and phone number is essential to making this a credible process.

Name: _____ Phone Number: _____

