



Coach Evaluation Form

This form aims to provide feedback on the performance and attitude of the association's hockey coaches. The form evaluates the coaching staff and provides positive feedback and constructive criticism that parents may have about their children's coaches. This input is essential to the association's coaching selection process. Completed forms must be dropped in the green box at the Wasaga Stars Arena or brought to the AGM on April 24th, 2016. An online version of the form is also available on the association's website.

Please rate each member of the coaching staff in each category using the following scale: 1 - Never; 2 - Sometimes; 3 - Mostly; 4 - Always; or N/A.

Team:_____

| | Head Coach | Assistant Coach | Trainer | Manager | Assistant Manager |
|--------------------------------------|---------------|--------------------|---------|---------|----------------------|
| Name | | | | | |
| Communicates well with parents | | | | | |
| Communicates well with players | | | | | |
| Practices are well run | | | | | |
| Maintains control of players | | | | | |
| Effective at skill development | | | | | |
| Effective at game understanding | | | | | |
| Effective at relating to players | | | | | |
| Effective at motivating players | | | | | |
| Exhibits and teaches sportsmanship | | | | | |
| Distributes playing time fairly | | | | | |
| Is reliable and prompt | | | | | |
| Is prepared and organized | | | | | |
| Maintains composure | | | | | |
| Is a good role model | | | | | |
| Is positive | | | | | |
| Contributed to your child having fun | | | | | |
| Is recommended for next season | | | | | |
| Additional Comments | | | | | |



