

**Coach Evaluation**

In an effort to provide the best possible instruction to the Participants of SCYHA we are asking that parents, along with their player(s) take a few moments to complete the following evaluation form.

Parent Name (optional) or Player (mandatory)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( ) \_\_\_\_-\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Name of Head Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Category/Level\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Scale: 1 = Poor, 2 = Below Average, 3 = Average, 4 = Above Average, 5 = Excellent]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **1) Commitment:** Coach demonstrated the time commitment needed to handle the team. |  |  |  |  |  |
| **2) Practice Planning:** Coach made good use of all practice time and taught the skills necessary for improvement. As a result, skills improved throughout the year. |  |  |  |  |  |
| **3) Communication:** Coach communicated well with the parents and players. Expectations of players and parents were clear. |  |  |  |  |  |
| **4) Discipline:** Coach enforced team rules consistently and fairly. |  |  |  |  |  |
| **5) Playing Time:** Excluding ice time reduced as allowed for discipline, Coach generally distributed ice time fairly among players and within SCYHA guidelines.  |  |  |  |  |  |
| **6) Hockey Knowledge:** Coach seemed knowledgeable about the sport and demonstrated it through his/her teaching and coaching ability.  |  |  |  |  |  |
| **7) Role Model/Bench Conduct:** Coach set a good example of sportsmanship and demonstrated this through his/her actions both on and off the ice. |  |  |  |  |  |
| **8) Fun Meter:** The coach made the overall experience fun. |  |  |  |  |  |

**9) Overall Rating 1 2 3 4 5**

\_\_\_Yes, the coaching I received this season was positive and I would recommend this coach for a SCYHA team next season.

\_\_\_No, the coaching I received this season was not positive and I wouldn’t recommend this coach for a SCYHA team next season.

**Other Comments:**

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I understand that the information on this page is confidential and realize this form is simply a tool for Hockey Operations to evaluate the strengths and weaknesses of our coaches. \_\_\_\_\_\_\_\_\_ (Initial)

Please submit to SCYHA Coach in Charge before May 15th. Thank you. Both Player and Parents are encouraged to complete an evaluation. Player evaluations must be signed. Parent evaluations are optional to sign.