

# Westonka Youth Football (WYF) Coach Evaluation

Coaches Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Team #: \_\_\_\_\_

1. Please rate the following:

	Excellent	Good	Fair	Poor
Communication from Area Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaches training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of season/schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of equipment/supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officiating of games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paramedics during the games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How can we improve the program?

3. What are some areas you would like to see addressed by the LMAA board?

4. Would you be willing to coach again next season? ☐ Yes ☐ No If so, which grade: \_\_\_\_\_