

Butler Valley Youth Hockey Association

COACHES EVALUATION FORM

Dear Parent,

Please take this opportunity to provide Butler Valley with feedback regarding our current hockey coaches. This evaluation will help evaluate the coaching staff and provide both positive feedback and constructive criticism you may have for your team's coaches. Your input is extremely important to our program and will be kept anonymous. Please return this form to the address below by April 15, 2018. We encourage you to use the back of the page for any additional comments on your coach or the program that you would like to share with us.

Please return this form to the BV Payment slot (located next to the BV office door) or mail to: BVYHA
ATTN: Coaches Evaluation P.O. Box 112 Valencia PA 16059

Rating Scale: Always = 1 Mostly = 2 Sometimes = 3 Never = 4

Coach Names:				
	Head Coach	Asst Coach	Asst Coach	Asst Coach
Communicates well w/parents				
Communicates well w/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				
Distributes playing time fairly				
Coach is reliable and prompt				
Coach is a good role model				
Coach is positive				
Should Butler Valley retain this coach for next season? YES or NO				

Did your child have FUN this season (circle one): yes no sometimes

Any additional comments: _____

2017-2018 Team: _____	Parent Name: _____	Player Name: _____
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Please provide your name so the BVYHA Board may recognize this information to be legitimate. The Head Coach will get feedback from the Coaching Director but evaluations will remain anonymous.