



2017-18 Coaching Evaluation Form

Team and Level: _____

The Tonawanda Lightning strives to maintain the highest standards possible in the selection of all of our coaches. We would like the parents and players to fill out the Coach Evaluation Form to help us gather information related to our coaching staff.

Please return this to your manager or, in confidence, mail it to:

Tonawanda Lightning; P.O. Box 35; Tonawanda, NY 14223.

Please be sure to put your team name or level (e.g. Squirt Major) or Head Coach's name.

This information is given to the Coaching Selection Committee and, where appropriate, reviewed with the coach. The goal of the evaluation is to help each of our coaches improve on any areas that may come from the survey and to recognize their strengths. Please take a moment to fill out the survey as honestly and accurately as possible and return it to your respective team managers. Thanks for your time and efforts in helping our coaches.

1 = Poor 2 = Below Average 3= Average 4=Above Average 5=Excellent

COMMUNICATION

1. The coach communicated effectively with the parents. **1 2 3 4 5** (Circle One)
2. The coach communicated effectively with the players. **1 2 3 4 5**
3. The coach was open to any questions or concerns I had. **1 2 3 4 5**

Comment: _____

PREPARATION

- 1. The practice plans were organized and the ice time used efficiently. **1 2 3 4 5**
- 2. The coach was adequately prepared for games. **1 2 3 4 5**
- 3. The coach was properly prepared and trained to coach my child. **1 2 3 4 5**

Comment: _____

HOCKEY KNOWLEDGE/PLAYER DEVELOPMENT

- 1. The coach seemed knowledgeable about the sport and demonstrated it through coaching. **1 2 3 4 5**
- 2. My child improved on skating this year. **1 2 3 4 5**
- 3. My child improved on stickhandling/shooting/passing this year. **1 2 3 4 5**
- 4. Overall, my child improved on his/her skills this year. **1 2 3 4 5**

Comment: _____

BEHAVIOR/CONDUCT

- 1. The coach was a positive role model. **1 2 3 4 5**
- 2. The coach set a good example of sportsmanship both on and off the ice. **1 2 3 4 5**
- 3. The coach controlled his emotions during the game. **1 2 3 4 5**
- 4. The coach's behavior toward officials was appropriate. **1 2 3 4 5**

Comment: _____

OVERALL EXPERIENCE

- 1. My child had a positive experience this year. **1 2 3 4 5**
- 2. My child received adequate ice time both in practice and in the games. **1 2 3 4 5**
- 3. The coach made the overall hockey experience fun for his/her players. **1 2 3 4 5**

Comment: _____

NEXT YEAR:

I would recommend this coach to coach a team next year for the Lightning. YES _____ NO _____

ASSISTANT COACHES

I would recommend the assistant coaches to be a head coach next year. YES _____ NO _____

I would recommend the assistant coaches to continue to be an assistant coach. YES _____ NO _____

PLANS FOR UPCOMING SEASON

My child intends to:

- Tryout for a Lightning team
- Tryout with a different association
- Quit hockey

Reasons for not returning to Lightning: _____

Thoughts: _____

