

Squamish Youth Soccer Association

Coach Evaluation Form

(To be filled out by parents/players)

The results of this form are CONFIDENTIAL and will only be seen by the SYSA Evaluation Committee as one of the tools used to review current and potential coaches applying to coach for the upcoming season. Please help us assess the abilities of those who coach your children. The feedback we receive will help us to identify the strengths and weaknesses of our coaches, as well as provide direction for ongoing coach support. Thank you for taking the time to provide this feedback.

Please indicate your answer by circling the appropriate response.

1= Absolutely 3= Sometimes or Maybe 5= Not at all

Coach's Name: _____ **Today's Date:** _____

1) Did the coach communicate well with players/parents regarding goals and expectations?

1 2 3 4 5

Specific Comments

2) Did the coach display the necessary technical knowledge?

1 2 3 4 5

Specific Comments

3) Was the coach responsive to questions or concerns brought to his attention?

1 2 3 4 5

Specific Comments

4) Do the Players seem to be learning? Not just running through the motions?

1 2 3 4 5

Specific Comments

5) Does your coach make soccer a good experience?

1 2 3 4 5

Specific Comments

6) Does the coach provide individual help at practice?

1 2 3 4 5

Specific Comments

- 7) Did the coach set a positive example regarding:
- | | | | | | |
|---------------------|---|---|---|---|---|
| a) Sportsmanship | 1 | 2 | 3 | 4 | 5 |
| b) Laws of the game | 1 | 2 | 3 | 4 | 5 |
| c) Referees: | 1 | 2 | 3 | 4 | 5 |
| d) Teammates | 1 | 2 | 3 | 4 | 5 |
| e) Opponents | 1 | 2 | 3 | 4 | 5 |
| f) Parents | 1 | 2 | 3 | 4 | 5 |
- 8) Did the coach treat the players equally with regard to:
- | | | | | | |
|-----------------------------------|---|---|---|---|---|
| a) Playing time | 1 | 2 | 3 | 4 | 5 |
| b) Developing technique and skill | 1 | 2 | 3 | 4 | 5 |
| c) Promoting player self esteem | 1 | 2 | 3 | 4 | 5 |
| d) Discipline | 1 | 2 | 3 | 4 | 5 |
| e) Expectations | 1 | 2 | 3 | 4 | 5 |
- 9) Did the coach:
- | | | | | | |
|--|---|---|---|---|---|
| a) Project a positive image | 1 | 2 | 3 | 4 | 5 |
| b) Use proper language | 1 | 2 | 3 | 4 | 5 |
| c) Maintain control and discipline | 1 | 2 | 3 | 4 | 5 |
| d) Display an understanding of who he/she was coaching | 1 | 2 | 3 | 4 | 5 |
- 10) Did you find the training sessions or practices:
- | | | | | | |
|--------------------|---|---|---|---|---|
| a) Well prepared | 1 | 2 | 3 | 4 | 5 |
| b) Well organized | 1 | 2 | 3 | 4 | 5 |
| c) Run efficiently | 1 | 2 | 3 | 4 | 5 |
| d) Fun | 1 | 2 | 3 | 4 | 5 |
- 11) Would your child play for this coach again? 1 2 3 4 5
- 12) Would you want this coach to coach your child again?

Yes, Why? _____

No, Why? _____

13) What percentage of time have you observed:

Practices: _____ Games: _____

14) Additional Comments:

Name (optional): _____

Thanks you so much for taking the time to complete the form!!

COMPLETED FORM MUST BE RETURNED BY FEBRUARY 13TH. PLEASE HAND TO YOUR COACH OR MANAGER IN A SEALED ENVELOPE OR DIRECTLY TO KATRINA DOHERTY (GIRLS) OR TSAN CHESTER BAUER (BOYS)