



Coach's Performance Evaluation For Parents

Coach's Name: _____ Team: _____ Grade: _____

Your Name: _____

These evaluations will be reviewed by Community Education. The results will be passed on to the coaches as feedback. Your name will not be used in the feedback. Your name on this form is optional; however, it must be included if you want us to use your evaluation to be taken into consideration if the coach applies in the future for a coaching position with Community Education. This allows Community Education to verify and follow up on your comments.

Parent Observations (Circle appropriate answer)

- | | | | |
|--|-------------|---------------------|------------|
| 1. How many practices did you attend and observe? | 5 or less | 6-10 | 11-14 |
| 2. How many games did you attend? | 5 or less | 6-10 | 11-14 |
| 3. What was your child's average playing time per game? | 1-2 innings | 3-4 innings | 5+ innings |
| 4. Our fans/parents conducted themselves in a way that created a favorable impression of Forest Lake Community Education | Yes | No (please comment) | |

Please circle the appropriate response and provide comments for all questions answered as 4 (poor) or 5 (very poor)

<u>Communication:</u> How well did the coach communicate:	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very Poor</u>
Playing time, philosophy, rules, etc?	1	2	3	4	5
With players during practices and games?	1	2	3	4	5
With the parents?	1	2	3	4	5

Personal: The coach was:

Enthusiastic	1	2	3	4	5
Positive	1	2	3	4	5
Organized and well prepared for practices and games	1	2	3	4	5
A good teacher	1	2	3	4	5
A proper leader on and off the field	1	2	3	4	5

The Sport: How well did the coach:

Teach the fundamentals	1	2	3	4	5
Know the game	1	2	3	4	5
Teach team offense, team defense and strategy	1	2	3	4	5
Interact and work with players	1	2	3	4	5
Work on developing all players	1	2	3	4	5
Develop the players as individuals and as a team	1	2	3	4	5
Provide a positive learning experience for your child	1	2	3	4	5
Would you recommend this coach?	Yes	No (please comment)			

Comments (use back as needed): _____

You may return the forms to:

- Your Coach (If you wish, you can place the evaluation in a sealed envelope-the coach will pass the evaluation on to Tim Conley)
- Tim Conley, Athletic Coordinator at 200 SW 4th Street, Forest Lake, MN 55025
- FAX—Attention Tim Conley (651) 982-8386
- Drop off at District Office-6100 N 210th St, Forest Lake, MN 55025

Thank you for taking the time to complete this survey. We are always striving to make Community Education stronger, and your feedback does matter! Please contact Tim Conley with questions at 651-982-8320