

NORTH CENTRAL MASS YOUTH HOCKEY



COACHING EVALUATION FORM

PROGRAM	AWYH	GGYH	WYH	DATE: _____
LEVEL	MT	ST	PW	BT
HEAD COACH _____				

The purpose of this form is to assist the coach in developing themselves and the program for the upcoming season. Please be frank and honest in your responses to the following questions. Your input is essential to improving the program and quality of coaching next year. If you need more space please use the reverse side.

TO BE COMPLETED BY THE PARENT:

1. Did your child enjoy their hockey experience this year?
2. Do you feel your child became a better hockey player?
3. Did your child gain a better perspective of team work?
4. Did the hockey experience help your child mature?
5. Did hockey help your child's self-confidence?
6. In your opinion, was playing administered appropriately?
7. Was the coach's public conduct at games acceptable?
8. Do you feel your child was treated with respect?
9. How would you rate the coach's organization skills?
10. Please suggest any changes that you think would improve the program.

NO!	←		→	YES!
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

TO BE COMPLETED BY THE PLAYER:

1. Did you enjoy being on the hockey team this year?
2. Did you learn more about hockey the year?
3. Did your hockey skills improve this year?
4. Did you think you had enough opportunity to ask questions?
5. Did you think your playing time was fair?
6. If no, how could your playing time been better.

NO!	←		→	YES!
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

7. What was your favorite activity during practice?

8. What was your least favorite activity during practice?

9. What would you change to help next year's team?