

St Mark Athletic Committee Sports Program Evaluation Form

Dear Parents of St. Mark Athletes:

Please take a moment to complete this Sports Program Evaluation form. The St Mark Athletic Committee is committed to providing an athletic program that ensures the philosophy of the CYO organization and the principles of our Catholic faith. This evaluation is completely confidential and if you so choose, anonymous. Your evaluation and honest opinions are extremely important to ensure the continued success of the St Mark Athletic programs. Please rate each of the questions below and return the evaluation to the Parish Center or drop it in the mail at: St Mark Athletic Committee, 535 East Edgewood Ave., Indianapolis, IN 46227.

SPORT _____ TEAM 34, 4th, 56, CADET HEAD COACH _____
 (circle all that apply) ASST. COACHES _____

Using the following scale please rate each of the statements below: 5 – Excellent, 4 – Very Good, 3 – Good, 2 – Fair, 1 – Poor
 Please circle the answer that best describes your experience this season and provide examples when possible.

OVERALL PROGRAM

Overall experience for you and your child	5	4	3	2	1	Not Applicable
Program Fees or Fairness of cost	5	4	3	2	1	Not Applicable
Experience with Tryouts/Evaluations	5	4	3	2	1	Not Applicable
Practice Times and Lengths of Practices	5	4	3	2	1	Not Applicable
Number of Practices/Meetings per week	5	4	3	2	1	Not Applicable
Observations of Prayer at Practices & Games	5	4	3	2	1	Not Applicable
Development of your child's athletic skills	5	4	3	2	1	Not Applicable

COACHES EVALUATION

Gave each player equal attention and instruction	5	4	3	2	1	Not Applicable
Maintained a positive attitude with the players	5	4	3	2	1	Not Applicable
Practices were well organized	5	4	3	2	1	Not Applicable
Showed affective teaching skills	5	4	3	2	1	Not Applicable
Showed knowledge of the rules of the game	5	4	3	2	1	Not Applicable
Arrived on time for games and practices	5	4	3	2	1	Not Applicable
Displayed good sportsmanship:						
-Within the Team	5	4	3	2	1	Not Applicable
-Toward the opponents	5	4	3	2	1	Not Applicable
-Toward the Officials	5	4	3	2	1	Not Applicable
Kept Winning/Losing in proper perspective	5	4	3	2	1	Not Applicable

From your experience this year would you want your child to be coached by this coach again next year? Yes No

If No, Why Not? _____

From your experience this year will your child participate in this sport again next year at St Mark? Yes No

If No, Why Not? _____

PLEASE PROVIDE ADDITIONAL COMMENTS AND EXAMPLES ON THE BACK OF THIS FORM

Name (Optional) _____