

# SBSC Travel Coach Evaluation Form

Year: _____	Season: _____
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SBSC strives to provide a positive experience for all of its players (and parents). Your feedback regarding our coaches and program is very important. We do ask that you include your name so we can validate responses and follow-up with you if additional information is needed. However, we also want you to feel comfortable providing honest feedback in a safe-to-say manner. To accomplish this, all individual responses will be kept confidential and each coach will only receive a summarized report showing average scores for each question and a listing of all comments.

Head Coach: \_\_\_\_\_ Team Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:**

Using the Scoring Scale below for each question, circle the appropriate rating for your team's HEAD COACH. If you want to add comments regarding assistant coaches, you may use the "additional comments" section at the end of the survey.

Scoring Scale: **1**=Strongly Agree, **2**=Agree, **3**=Not Sure, **4**=Disagree or **5**= Strongly Disagree.

- 1. Treats players equally and in a positive and respectful way..... 1 2 3 4 5
- 2. Successfully balances individual player development (including playing time) while fielding a competitive team..... 1 2 3 4 5
- 3. Is well organized, prompt and well prepared for games and practices..... 1 2 3 4 5
- 4. Demonstrates good sportsmanship and an appropriate behavior with respect to opponents and game officials..... 1 2 3 4 5
- 5. Demonstrates a proper perspective on winning vs. losing..... 1 2 3 4 5
- 6. Communicates regularly and effectively with parents ..... 1 2 3 4 5
- 7. Makes soccer fun and our child enjoys playing for this coach..... 1 2 3 4 5

Additional Comments on coach and/or program (use back of form if needed) \_\_\_\_\_

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Submitted by: \_\_\_\_\_

Please complete survey send to address listed.

S.B.S.C. Evaluations P.O. Box 5292 Kendal Park, N.J. 08824
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