

COACHES EVALUATION FORM

PORT CHESTER SOCCER CLUB

We would appreciate your providing an honest evaluation of your coach as part of our efforts to provide the best youth soccer program possible. This form will be reviewed by an officer of the Club as part of the Club's evaluation of the coach.

This form will also be made available for reading by or a summary will be furnished to the coach being evaluated, to provide feedback from the coach. If you would like to maintain your confidentiality, please do not sign this form. If you prefer, the Club (but not the coach) to know your identity, you may submit a separate page with identification. Thank you.

Name of Coach Being Evaluated

Team

Part A. This Part of the Form is for the player only.

Have you been treated fairly by your coach? Yes No If not, do you know why?

Type

Did you get enough playing time? Yes No If not, do you know why?

Type

If you could tell your coach what he or she could have done better, what would you say?

Type

Did you attend practices and games regularly? Yes Yes No No If not, why?

Type

Did you:

	Very much 5	4	Somewhat 3	2	Not at all 1
(a) have fun playing on this team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) improve your skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) learn new skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) learn to play as part of the team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) feel that all players were treated equally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) have a chance to play different positions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B. This part of the form is for a parent (or, if appropriate, the player).

Did the coach:	Very much	Somewhat		Not at all	
	5	4	3	2	1
(a) Keep winning in perspective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Encourage physical fitness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Have organized practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Provide sufficient warm up time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Teach skills effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Encourage safe play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Show courtesy to other teams and officials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Encourage sportsmanship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Encourage fair play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Know the rules of soccer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Communicate with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Hold your child's respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) Encourage your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part C. This part of the form is for the player or parent.

Please feel free to make any additional comments in the space below, or on an additional sheet. Perhaps you have some constructive criticism or praise you want to offer.

Type

Please return this form to:
 Jose Perdomo, Director of Coaching
 222 Grace Church St.
 Port Chester, New York 10573