

## Coon Rapids Hockey Association Parent/Coaching Evaluation Form

Team: \_\_\_\_\_ Head Coach: \_\_\_\_\_

Asst Coach: \_\_\_\_\_

Asst Coach: \_\_\_\_\_

Asst Coach: \_\_\_\_\_

Parent Name Completing Survey \_\_\_\_\_

Please rate your coaching staff: 5-Outstanding, 4-Above Expectations, 3-Average, 2-Needs Improvement, 1-Unacceptable

		Head Coach	Asst Coaches
1.	The coach held a parent/coach meeting at the beginning of the year.		
2.	The coach communicated to both parents and players goals for the year.		
3.	The coach communicated positively and with encouragement to the players.		
4.	The coach had a working relationship with the parents.		
5.	The coach treated my child with respect.		
6.	The coach treated my child fairly.		
7.	The coach was a positive role model for my child.		
8.	The coach treated the referees and opposing team with respect.		
9.	The coach is able to effectively teach hockey skills.		
10.	My child improved their skills this season.		
11.	The coach is able to maintain team order by establishing clear expectations.		
12.	The coach is able to keep the attention of the players during practice.		
13.	The coaching staff made it possible for my child to enjoy playing hockey.		
14.	The coach used practice ice time effectively.		
15.	The coach emphasized effort over winning.		
16.	The coach handled discipline in an appropriate and effective manner.		
17.	I would want my child to be coached by this person again in the future.		

\*If you rated a category 1, 2, 4 or 5, please describe what led to that rating.\*

Comments: \_\_\_\_\_

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Please mail by 3/5/09 to:

**CRYHA Traveling Director 1242 128<sup>th</sup> Circle NW NW Coon Rapids, MN 55448**