S V Y S A **Advanced Development Program**

Coach Evaluation Form (Parent)

B / G U-_____ Team Name _____ Coach _____

Parent Name (optional):_____

Scoring: 1=needs improvement 2=below average 3=average 4=exceeds average 5=excellent

1.	How well did the coach help your player develop his/her soccer skills?	1 2 3 4 5
2.	How would you rate the coach in terms of his/her soccer knowledge?	1 2 3 4 5
3.	How well does the coach communicate with the players?	1 2 3 4 5
4.	How well does the coach inspire and motivate the team?	1 2 3 4 5
5.	Does your coach provide a good role model for players (and parents) on the team?	1 2 3 4 5
6.	Does the coach display a good attitude towards other team and referees?	1 2 3 4 5
7.	How dedicated is the coach to the team?	1 2 3 4 5
8.	Does your player like practicing? Is playing soccer fun?	[ ] Yes [ ] No
9.	Is the coach respected by players and parents?	1 2 3 4 5
10.	How well does the coach promote fair play?	1 2 3 4 5
11.	Does the coach maintain good discipline within the team?	[ ] Yes [ ] No

12. Which are the things that you believe your coach does very well? (areas of strength)

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13. Which are the things that you believe your coach does not do so well? (areas of weakness)

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14. Would you like your player to have the same coach next year? YES NO N/A

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ADDITIONAL COMMENTS:

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Please mail your completed evaluation as follows: SnVYSA, c/o Santa Krieble, P.O. Box 370, Carnation, WA 98014-0370