

SAULT MAJOR HOCKEY ASSOCIATION INC.

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PARENT PROGRAM EVALUATION

This form is to help us evaluate our hockey program. Please fill it out completely. All information will remain strictly confidential.

TEAM IDENTIFICATION:

Team: _____ Division _____ (Bantam/Midget AAA/AA/BB/HL)

Head Coach: _____ Ass't Coach: _____

Manager: _____ Trainer: _____

Other: _____

Instructions:
 Please rate each item according to your level of satisfaction. No. 1 means not satisfied, No. 5 means very satisfied.

COACH'S PROGRAM:

Organization of practice	1 2 3 4 5	Attitude towards players	1 2 3 4 5
Conduct during games	1 2 3 4 5	Individual skill development	1 2 3 4 5
Keeps parents informed	1 2 3 4 5	Team play development	1 2 3 4 5
Discipline	1 2 3 4 5	Equal ice time	1 2 3 4 5
Player motivation	1 2 3 4 5	Knowledge of Hockey	1 2 3 4 5

GENERAL

Head Coach	1 2 3 4 5	Assistant Coach	1 2 3 4 5
Manager	1 2 3 4 5	Trainer	1 2 3 4 5
Your child's performance	1 2 3 4 5	Other: _____	1 2 3 4 5

How would you rate this coach's success in achieving a balance between team success and player development? (Mark on scale)

Too Competitive Well Balanced Not Competitive Enough

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Would you want this head coach to coach your child next year? YES NO

Please add any further comments on the back of this form.