



ALL SAINTS ACADEMY COACHING EVALUATION



The purpose of this evaluation is to assist the Athletic Director in making sure the coaches with whom we entrust our children reflect the philosophy of the sports program at All Saints Academy.

COACH: _____

SPORT: _____

GRADE: (circle) 5 6 7 8 5/6 7/8

TODAY'S DATE: _____

If you would like to fill out a form for coaches from previous sports seasons, please make a copy of this form or go to the athletics page on our school's website to print another copy. **If appropriate, seek input from your student-athlete.** Return the evaluation to Tim Matlak (Athletic Director) in the 4 Mile Campus main office. Only signed evaluations by a parent will be considered. All evaluations will remain confidential.

Please rate the questions on the following scale: 1 – Excellent, 2 – Good, 3 – Average, 4 – Below average, 5 – Poor. If the rating is 4 or 5, please explain

1.) Were practices used to teach and improve player skills? 1 2 3 4 5

2.) Did the coach communicate well with the players? 1 2 3 4 5

3.) Did the coach communicate well with you as a parent? 1 2 3 4 5

4.) Did the coach work well with other coaches on the team? 1 2 3 4 5

5.) Did the coach handle himself/herself appropriately during games? 1 2 3 4 5

6.) Did the coach handle game situations well? 1 2 3 4 5

7.) Were players treated equally during the season? 1 2 3 4 5

8.) Were policies (i.e. playing time, practice time) followed? 1 2 3 4 5

9.) Was the overall behavior of coaches and players during the season appropriate for the level of play?
1 2 3 4 5

10.) Rate the coach's knowledge of the sport. 1 2 3 4 5

11.) Was the season fun for your student-athlete? 1 2 3 4 5

12.) Did the coach hold a preseason meeting of players and parents outlining the policies and expectations? YES NO

13.) Overall evaluation of the coach: 1 2 3 4 5

Please list the coach's strengths:

Please list the coach's weaknesses (if any):

General comments:

NAME (please print): _____ SIGNATURE: _____