

Saint Elizabeth Ann Seton Catholic School
Athletic Association Coaching Review



Sport: _____

Boys or Girls: _____

Grade: _____

Name: _____

***This portion will be removed from Evaluation Sheet by Athletic Director when reviewing with coaches.*

-
- | | | | |
|-----|---|-----|----|
| 1. | Did the head coach treat your child with respect? <u>Comments:</u> | Yes | No |
| 2. | Did the assistant coaches treat your child with respect? <u>Comments:</u> | Yes | No |
| 3. | Did the coach hold a Parent Meeting at the start of the season? | Yes | No |
| 4. | Did you attend the Parent Meeting? | Yes | No |
| 5. | Did you receive a Parent Letter? | Yes | No |
| 6. | Were practices organized and regularly scheduled? | Yes | No |
| 7. | Did the coach communicate schedule changes effectively? | Yes | No |
| 8. | Did your child receive the playing time communicated at the Parent Meeting at the start of the season? <u>Comments:</u> | Yes | No |
| 9. | Did your child receive the amount of playing time you anticipated? <u>Comments:</u> | Yes | No |
| 10. | Did the coaches maintain a safe environment at all times? <u>Comments:</u> | Yes | No |
| 11. | Did your child's knowledge and/or skill level of this sport improve? | Yes | No |
| 12. | Did the coaching staff maintain an atmosphere of sportsmanship and Christianity? | Yes | No |
| 13. | Did you feel the uniforms and equipment met the needs of your child? | Yes | No |
| 14. | Do you have a substantial reason why SEASCS should not have this coach or any assistant coach back to coach future seasons? <u>Comments:</u> | Yes | No |

If you have additional comments not addressed within the above questions, please feel free to use the back of this form. Return the completed form to school marked "Attention Athletic Director". This feedback is critical to the improvement of our activities. Information may be shared with coaches anonymously so as to provide needed feedback.