

North Lake Athletic Season/Coach Evaluation

The following evaluation form is intended to serve as feedback regarding the past athletic season. It will be used by our coaching and athletic staff as a means to assess performance, work on implementing improvements, and maintain areas of excellence. The honest feedback by parents and student athletes is a valuable tool in directing energies and resources. Please take time to fill out this form and return it to Mrs. Sikora within two weeks of the season's last contest.

Sport: _____

Boys/Girls (please circle)

Grade Level: 5th 6th 7th 8th (please circle)

Please circle the number that most closely matches your opinion regarding the statement. Use the following guidelines to base your answer. In the space provided, please write more specific comments in order to better clarify your answer.

5 = Complete satisfaction/Excellent

4 = Mostly satisfied/Very Good

3 = Somewhat satisfied/Average

2 = Not satisfied/Needs Improvement

1 = Complete dissatisfaction/Very poor/Needs a great deal of improvement

5 4 3 2 1 The coach demonstrates knowledge in all aspects of the sport.

5 4 3 2 1 The coach is able to convey knowledge of the sport at a level appropriate to the athletes involved.

5 4 3 2 1 The expectations of the coach for the team were clear, grade level appropriate, and reinforced throughout the season.

5 4 3 2 1 The overall attitude of the coach was appropriate.

5 4 3 2 1 Proper standards of sportsmanship were clearly stated, enforced, and modeled by the coach.

(over)

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- 5 4 3 2 1 The coach is an overall positive role model in the sport for the student athletes.
- 5 4 3 2 1 Practices were scheduled appropriately. Practice times were utilized effectively.
- 5 4 3 2 1 Home games were hosted in a fashion that reflected positively on the staff, students, and parents of North Lake School.
- 5 4 3 2 1 Overall, the experience of the past season was a positive one for the athlete.

Please cite specific areas that you feel were outstanding and that North Lake athletics should continue to stress.

Please cite specific areas that you feel need improvement.

Signature (optional):