



## COACHES EVALUATION (Head & Assistant)

**Please fill in all boxes:**

BOYS     GIRLS    Age Group: \_\_\_\_\_

**Coach's Name:** \_\_\_\_\_

**On a scale of 1 to 5, please rate the coach on the following:  
(1-strongly disagree; 2-disagree; 3-neutral; 4-agree; 5-strongly agree; or NA)**

	1	2	3	4	5	NA
Was punctual:						
Used an effective style of coaching:						
Promoted the game of soccer:						
Promoted fair (not equal) play:						
Was an appropriate role model:						
Put the team's interest above personal interest:						
Listened to and addressed player's concerns:						
Listened to and addressed parental concerns:						
Knowledgeable about the game of soccer:						
Maintained control of the team at all times:						
Developed clear expectations before the start of the season for players:						
Developed clear expectations before the start of the season for parents:						
My expectations were met:						
Represented themselves in accordance with the Code of Conduct:						

**Would you want this coach to coach your child for next year?**

**Any other comments, including ones you believe would assist us in developing this coach:**

**Please provide your name and contact information if you would like to the Director to contact you personally:**