

Evaluation Form

The purpose of this form is to evaluate a players overall experience of their hockey season. The form will be reviewed and summarized by a committee, Players are asked to fill out this form with the assistance of their parents. This form is made available online with all players encouraged to fill it out.

Please enter the following:

Name: _____ (optional) Are you a Player or Parent? (please circle one)

Phone Number: _____ (optional) E-mail Address: _____ (optional)

Competitive or Houseleague (circle one) Division: _____ (eg. Tyke, atom)

Coach's Name: _____ Manager's Name: _____

PLAYER QUESTIONS	strongly diasagree			strongly agree		
All the players on my team were treated with kindness and respect	1	2	3	4	5	N/A
Did you play in all types of game situations? i.e. Power Play, short-handed, last minute of a close game	1	2	3	4	5	N/A
My coach was a good teacher	1	2	3	4	5	N/A
My coach avoided using foul language / swearing	1	2	3	4	5	N/A
My coach seemed to be enjoying themselves	1	2	3	4	5	N/A
Did the coach give you an opportunity to become a better player?	1	2	3	4	5	N/A
My coach cared more about us learning and having fun, than winning at all costs	1	2	3	4	5	N/A
My coach didn't get angry with us when we lost or played badly	1	2	3	4	5	N/A
Our practices were well organized	1	2	3	4	5	N/A
My coach earned my respect	1	2	3	4	5	N/A
I felt comfortable talking to my coach and asking him/her questions	1	2	3	4	5	N/A
I felt that my coach was glad to have me on the team	1	2	3	4	5	N/A
I look forward to next season	1	2	3	4	5	N/A
I would like to caoch minor hockey when I'm older	1	2	3	4	5	N/A

What did you like the most about being on your team this year? _____

What positive change would you recommend for the next season? _____

Parent Thoughts:

My child's coach was a positive influence on my child	YES	NO
My child enjoyed coming to the rink	YES	NO
This season was a positive experience for my child	YES	NO
Communication between the coaching staff/manager and parents was timely and effective.	YES	NO
The coaching staff was receptive to feedback from parents	YES	NO
I received the financial statements in the new calendar year and at season's end, as required, by the team manager	YES	NO

Any final thoughts / comments: _____

Would you like a member of the Executive to contact you about this Evaluation? Please provide contact information at the top of the page.

YES or NO

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS EVALUATION, YOUR INPUT IS VALUABLE TO US!