

Arctic Foxes Youth Hockey

COACHES EVALUATION FORM 2009-2010

Dear Parent,

Please take this opportunity to provide the Arctic Foxes with feedback regarding our current hockey coaches. This evaluation will help evaluate the coaching staff and provide both positive feedback and constructive criticism you may have for your team's coaches. Your input is extremely important to our program and will be completely anonymous. Please return this form to the address above by **March 31, 2010**. We encourage you to use the back of the page for any additional comments on your coach or the program that you would like to share with us.

Please RETURN THIS FORM TO: The **FOX BOX** at the RMU Island Sports Center Front Desk or mail to: **Todd McLean, AFHA Ace Coordinator, 103 Lakeview Dr, McKees Rocks PA 15136**

Rating Scale:	Always = 1	Mostly = 2	Sometimes = 3	Never = 4
Coach Names:	_____	_____	_____	_____
	Head Coach	Asst Coach	Asst Coach	Asst Coach
Communicates well w/parents	_____	_____	_____	_____
Communicates well w/players	_____	_____	_____	_____
Practices are well run	_____	_____	_____	_____
Maintains control of players	_____	_____	_____	_____
Effective at skill development	_____	_____	_____	_____
Effective at game understanding	_____	_____	_____	_____
Effective at relating to players	_____	_____	_____	_____
Effective at motivating players	_____	_____	_____	_____
Distributes playing time fairly	_____	_____	_____	_____
Coach is reliable and prompt	_____	_____	_____	_____
Coach is a good role model	_____	_____	_____	_____
Coach is positive	_____	_____	_____	_____
Should the Arctic Foxes retain this coach for next season? YES or NO	_____	_____	_____	_____
Did your child have FUN this season (circle one):	yes	no	sometimes	
Any additional comments:				