

# Arctic Foxes Youth Hockey

## COACHES EVALUATION FORM 2010-2011

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 kept anonymous. Please return this form to the address below by **March 18, 2011**. 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         |
|---|-------------------|-------------------|-------------------|-------------------|
| <b>Coach Names:</b>   | _____             | _____             | _____             | _____             |
|   | <b>Head Coach</b> | <b>Asst Coach</b> | <b>Asst Coach</b> | <b>Asst Coach</b> |
| <b>Communicates well w/parents</b>  | _____             | _____             | _____             | _____             |
| <b>Communicates well w/players</b>  | _____             | _____             | _____             | _____             |
| <b>Practices are well run</b>   | _____             | _____             | _____             | _____             |
| <b>Maintains control of players</b>   | _____             | _____             | _____             | _____             |
| <b>Effective at skill development</b>                                       | _____             | _____             | _____             | _____             |
| <b>Effective at game understanding</b>                                      | _____             | _____             | _____             | _____             |
| <b>Effective at relating to players</b>                                     | _____             | _____             | _____             | _____             |
| <b>Effective at motivating players</b>                                      | _____             | _____             | _____             | _____             |
| <b>Distributes playing time fairly</b>                                      | _____             | _____             | _____             | _____             |
| <b>Coach is reliable and prompt</b>   | _____             | _____             | _____             | _____             |
| <b>Coach is a good role model</b>   | _____             | _____             | _____             | _____             |
| <b>Coach is positive</b>  | _____             | _____             | _____             | _____             |
| <b>Should the Arctic Foxes retain this coach for next season? YES or NO</b> | _____             | _____             | _____             | _____             |
| <b>Did your child have FUN this season (circle one):</b>                    | yes               | no                | sometimes         |                   |

**Any additional comments:**

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 Parent Name: \_\_\_\_\_  
 Player Name: \_\_\_\_\_

Please provide your name so the Ace Coordinator knows this information is legitimate. The Head Coach will get feedback from the Ace Coordinator, but evaluations will remain anonymous to them.