



2009-2010 BYHA Coach Evaluation

****CONFIDENTIAL****

Coaches Name _____

Team _____

Parent Name _____ (required)

Player Name _____ (required)

Email _____

Phone _____ (required)

Circle one (5 being Best and 1 being Poor)

Best

Poor

Coach's overall hockey knowledge?	5	4	3	2	1
Coach's organizational skills?	5	4	3	2	1
Coach's ability to interact with the players?	5	4	3	2	1
Coach's fairness and sportsmanship within the team?	5	4	3	2	1
Fairness and sportsmanship with the opposing teams?	5	4	3	2	1
Fairness and sportsmanship with on and off-ice officials?	5	4	3	2	1
Ability to be a positive role model to the players?	5	4	3	2	1
Ability to motivate the players?	5	4	3	2	1
Ability to promote teamwork?	5	4	3	2	1
Ability to promote a fun and positive environment?	5	4	3	2	1
Ability to improve team from beginning to end of season?	5	4	3	2	1
Overall performance as a head coach?	5	4	3	2	1
Would you recommend this coach for next season?	5	4	3	2	1

Comments & Suggestions

Please mail your confidential evaluation form by 3-31-10 to:

BYHA COACHES EVALUATION

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