



**COACH & PROGRAM EVALUATION FORM 2011**

Please take the time to complete this evaluation form with your son– one response per player, per team. Please provide honest, thorough answers and/or suggestions so that we can continue to provide the best possible football experience & program for participants.

**Please check one of the following statements:**

- I wish my identity to remain anonymous\*
- My responses may be shared directly with the team

\* Your honest and open suggestions are welcomed and encouraged. The Youth Football Board will review all responses. If anonymity is requested, only the person you submit to will have access to your response. As a board, we will ensure that your name is not in any way associated with your responses

**Team played on 2011 season:** \_\_\_\_\_ **Grade Level:** \_\_\_3\_\_\_4 \_\_\_5\_\_\_6

**Name of Coaches:**

Head: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_ 3<sup>rd</sup>: Coach: \_\_\_\_\_

**Player Name:** \_\_\_\_\_ **Parent Name(s):** \_\_\_\_\_

**The ratings are as follows: 1= Excellent 2= Good 3= Average 4= Below Average 5= Poor**

<b>COACHING EVALUTATION</b>	Head	Asst	3rd
Was knowledgeable about the game of football			
Was an effective motivator			
Had good communication with parents			
Enhanced my child's performance through his coaching			
Set a good personal example			
Provided constructive evaluation for my child			
Demonstrated control on the sidelines with athletes & officials			
Came to "Game Day" all prepared			
How concerned was your coach about developing players			

**Do you think the coach was fair in administering playing time for your child's team at their playing level? Why or why not?**

**Overall, were you satisfied with the quality of coaching this year? Would you welcome this coach(es) back to coach in this program or for your team next year? Why or why not?**

**In helping to determine the experience of the OVERALL YOUTH FOOTBALL PROGRAM for your son, please answer the following questions so we can continue to enhance the football experience.**

**The ratings are as follows: 1 = Excellent 2 = Good 3 = Average 4 = Below Average 5 = Poor**

<b>OVERALL PROGRAM EVALUATION</b>	Rate
Has a positive effect on youth involved	
Offers quality opportunity for skill development	
Offers quality opportunity for player development	
Is committed to providing equally competitive football teams	
Enhances athletes' character through involvement in the program	
Is responsive to feedback from parents, players and coaches	
Provides a good value for the cost of the program	

**Overall, were you satisfied with your child's experience in the youth football program this season? Why or why not?**

**Any changes that you would like to see in the program?**

**Additional Comments:**

Would you be interested in coaching or assist in coaching a team for next year? \_\_\_ Yes \_\_\_ No  
 If Yes, what grade level? \_\_\_ 3/4 \_\_\_ 5/6

Are you interested in joining the Board of the Simley Youth Football Association? \_\_\_ Yes \_\_\_ No

If evaluating for 3/4 Grades, please email response to Mike Arends – [mike@simleyyouthfootball.com](mailto:mike@simleyyouthfootball.com)  
 If evaluating for 5/6 Grades, please email response to Jen Gustafson – [jen@simleyyouthfootball.com](mailto:jen@simleyyouthfootball.com)  
 If you do not feel comfortable sending your response to the above, please select one of the other board members. <http://www.simleyyouthfootball.com/page/show/318250-board-members>

You can also mail this to Simley Youth Football, PO BOX 2580, Inver Grove Heights, MN 55076.