



SOUTHPOINT MINOR HOCKEY ASSOCIATION Coaching Evaluation Form

Division: _____

Head Coach: _____

Parents' Name: _____

Please assist us in improving SPMHA by taking the time to evaluate your Coach Staff. This survey is confidential, and will tell us how our coaches are doing and what we need to improve. The scale is from 1 (one) to 5 (five) and is defined as follows:

5 – Excellent	4 – Very Good	3 – Good	2 – Satisfactory	1 – Unsatisfactory
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1. The Coaching Staff listed above exhibited professional behavior at all times both on and off the ice.

2. The Coach listed above was a good role model for all the players.

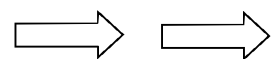
3. All members of the Coaching staff conducted themselves in an appropriate manner while in charge of players.

4. The Coach listed above was always available and willing to speak to parents about any issue or concern that they had.

5. The Coach listed above had enough knowledge of the skills and tactics of hockey for this age group.

6. The Coach listed above ran organized practices and made good use of the practice time made available to him/her.

7. The Coach listed above was able to get the team to play at or above their potential.



8. Discipline on the team was handled fairly and appropriately by the Coach listed above throughout the season.

9. The coach provided fair ice time considering the various abilities of the players and the importance of balancing winning games and developing players.

10. The Coach listed above was a good teacher and motivator for my son./daughter.

11. I would like the Coach listed above to return as my son/daughters' coach next season.

12. What changes would you suggest that you think would improve the program.

Comments/Suggestions:

****PLEASE RETURN THIS FORM TO YOUR TEAM MANAGER**
OR TO THE MINOR HOCKEY EQUIPMENT ROOM**

WE VALUE YOUR OPINION; PLEASE NOTE THAT ONLY LEGIBLE SIGNED EVALUATIONS WILL BE USED.
THANK YOU!!!

Signature

Date