

Coach Performance Questionnaire

League (circle one): 6 & 7 Yr Old 8 Yr Old 9 Yr Old 10 Yr Old 11 Yr Old 12 Yr Old 8th grade

Coach (circle one) Head Coach or Assistant Coach or Team Mom or Trainer

Coach Name: _____ Team: _____

Parent Name & Phone (not required): _____

Way Below our Expectations	Below our Expectations	Met our Expectations	Exceeded our Expectations	Way Beyond our Expectations
1	2	3	4	5

Please place the number in each blank space that best represents your feelings about this season:

1. _____ The team's objectives for the season were clearly defined by the coach.
2. _____ The coaches communicated clearly to players and parents their expectations for the players and parents.
3. _____ The coaches were effective teachers of football skills.
4. _____ The coach's emphasis on winning was balanced with concern for each player.
5. _____ The coach's actions were consistent with the objectives outlined for the season.
6. _____ The team's practices were organized, kept players active, focused on fundamentals and were fun.
7. _____ My child received at least the league-mandated minimum playing time every game.
8. _____ My child improved his running, catching, tackling skills this season.
9. _____ My child learned sportsmanship, teamwork, and to challenge himself to improve this season.
10. _____ My child found this season's football experience fun.
11. _____ As a parent, I am satisfied with the season's football experience.
12. The Gwinnett Football League does not allow 'do not draft requests' but if they did, I would allow my child to play for this coach again (circle one): YES NO

If no, please complete:

Player's full Name: _____

Parent/Guardian Signature: _____

Please provide us with your suggestions and comments on what Collins Hill Park can do to provide you and your child with a better football experience (use the reverse of this form). **TELL US WHAT IS ON YOUR MIND.**

Mail to:

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