

Cheyenne Sting Coach Evaluation

Please fill out the evaluation below for the coach of your child's team. All evaluations will be kept CONFIDENTIAL. These evaluations will be used to improve our soccer program and coach training program. Please be open and honest as it will benefit your child and the quality of our program.

Coach Name: _____

Rating Scale					
1 – Poor Excellent	2 – Below Average	3 – Average	4 – Above Average	5 –	
<i>Please rate the following statements using the above scale.</i>			(Please circle one or type an "x")		
Organized and well prepared for practice and games	1	2	3	4	5
Displays a positive attitude during practice and games	1	2	3	4	5
General soccer knowledge	1	2	3	4	5
Approachable with questions and concerns	1	2	3	4	5
Provides players with good feedback	1	2	3	4	5
Communication with players on areas of improvement / expectations	1	2	3	4	5
Age-appropriate communication and teaching approach	1	2	3	4	5
Communication with parents	1	2	3	4	5
Motivates players	1	2	3	4	5
Teaches fundamentals well	1	2	3	4	5
Your child's level of improvement this season	1	2	3	4	5
Your child's level of satisfaction playing on this team	1	2	3	4	5
Your child's level of enjoyment during practice	1	2	3	4	5
Your child's level of enjoyment during games	1	2	3	4	5
Your level of satisfaction with the coaching received by your child	1	2	3	4	5
Overall Coach Rating	1	2	3	4	5

COMMENTS (continue on the back of this form if needed)