



Mailing Address: P.O. Box 31504, Pitt Meadows, BC V3Y 2H1

POST-SEASON COACH ASSESSMENT FORM 2006/07 SEASON

Team Name: _____ Head Coach's Name: _____

Age Group: U-5 U-6 U-7 U-8 U-9 U-10
 U-11 U-12 U-13 U-14 U-15 U-16 U-17 U-18

In an effort to provide your child with the best possible soccer experience, we would appreciate your help in completing this form and sending it to the PMSC Head Coach before March 31, 2007. You do not have to provide your name and the information collected will remain confidential.

1. PLAYER'S PROGRESS - Please indicate whether your child showed any progress in the following areas:

	Improved Significantly	Improved Moderately	No Change	Declined/ Decreased
A. Physical fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Learning specific skills of the sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Personal development (eg. self-confidence, sportsmanship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Desire to continue his/her participation in soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. COACHES CONDUCT - Please let us know...

	Yes	No
A. Did the coach conduct a pre-season orientation with you?	<input type="checkbox"/>	<input type="checkbox"/>
B. Did the coach communicate well with the player's parents?	<input type="checkbox"/>	<input type="checkbox"/>
C. Did the coach treat your child fairly and with respect?	<input type="checkbox"/>	<input type="checkbox"/>
D. Did the coach encourage questions from the players?	<input type="checkbox"/>	<input type="checkbox"/>
E. Did the coach provide constructive feed-back to the payers?	<input type="checkbox"/>	<input type="checkbox"/>
F. Was the coach punctual and ready to start practice and games on time?	<input type="checkbox"/>	<input type="checkbox"/>
G. Did the coach generally give clear and concise directions to the players?	<input type="checkbox"/>	<input type="checkbox"/>
H. Were the coach's practice sessions well organized and fun for the players?	<input type="checkbox"/>	<input type="checkbox"/>
I. Did the coach have a first aid kit readily available at practices and games?	<input type="checkbox"/>	<input type="checkbox"/>
J. Did the coach ensure your child played a minimum half-game, each game?	<input type="checkbox"/>	<input type="checkbox"/>
K. Did the coach encourage fair play and sportsmanship?	<input type="checkbox"/>	<input type="checkbox"/>
L. Did the coach keep "winning" in perspective?	<input type="checkbox"/>	<input type="checkbox"/>
M. Did the coach exhibit respect and dignity toward referees and linespersons?	<input type="checkbox"/>	<input type="checkbox"/>
N. Was the coach a good role model to your child?	<input type="checkbox"/>	<input type="checkbox"/>
O. Would you recommend the club encourage the coach to continue next season?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments in the space below (use extra sheet if necessary). Do you have some constructive criticism or praise you would like to offer about the coach that we haven't already asked about?

Signed (optional): _____ Phone # (optional): (604) _____

Please mail completed form to the address at the top of the page or hand deliver in a sealed envelope marked "Confidential" to: First Touch Soccer, Meadow Vale Shopping Plaza, Harris Road @ Lougheed Highway (Next to IGA).