

2006/2007 BYSL Coach Evaluation



Please help us evaluate how well we did this season by telling us about your child's coach. The Benicia Youth Soccer League (BYSL) selects and approves coaches each season based in part on the feedback we receive from parent evaluations of the coach's performance. The evaluation is an integral part of the coach selection process and helps us improve the quality of coaching for the players. Please complete the questionnaire and mail it to us at the address below. Note: please complete a form for each Coach/Assistant Coach/ Trainer.

Team Name B/G Age U Div 1 or 3

Name and position (Coach/Assistant/Trainer)

1. Please rate your overall satisfaction with the Coach, Assistant Coach or Trainer

Comment

1=Poor 3=OK 5= Excellent

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Please rate the coach's ability to relate to the players

Comment

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Please rate the coach's ability to relate to the parents

Comment

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Please rate the coach's ability to the referees

Comment

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Please rate the coach's positive leadership skills

Comment

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Please rate the coach's knowledge of the game

Comment

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Please rate the coach's ability to teach your child new soccer skills

Comment

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Please rate your coach's communication skills (email, phone, meetings)

Comment

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Please rate your satisfaction with your child's playing time

Comment

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Would you like your child to have this coach again?

Comment

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please e-mail this document to house@beniciasoccer.org or mail this questionnaire to:

Benicia Youth Soccer League
House Coach Evaluation
P.O. Box 484
Benicia, California 94510

Please use the back for additional comments