



Carleton Place Soccer Club Inc.

P.O. Box 85, Carleton Place, Ontario K7C 3P3

cpsoccer.ca

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COACH ASSESSMENT FORM (To be completed by parents at the end of the season)

Dear Parents,

To ensure the continued success of our club it is essential that we assess the quality of our coaches. We therefore request that you take some time to complete and return this questionnaire. Please try to be honest and fair in your assessment. The earlier a concern is brought to our attention the earlier we can address it. Don't leave any serious issues to the end of the season; contact us immediately by phone, email or in person; any CPSC board member can be approached and will handle your concerns with discretion.

Please complete separate forms for the Coach and Assistant Coaches.

Date: _____ Coach's Name: _____

Team Age Group : _____

Please grade each category from 1 – 4, 1 being the lowest grade, 4 being the highest grade.

	Low			High
Communications skills with parents	1	2	3	4
Ability to communicate with players	1	2	3	4
Coach communicates rules and expectations to players and parents	1	2	3	4
Coach attends all practices and games on time	1	2	3	4
Ability to provide the players with a positive soccer experience	1	2	3	4
Is your child learning and developing under his/her coach?	1	2	3	4
Does your child enjoy playing for this coach?	1	2	3	4
Does the coach act as a good role model?	1	2	3	4
Does the coach encourage fair play and sportsmanship?	1	2	3	4
In general, is the coach positive towards the team?	1	2	3	4
How would you rate your coach's overall performance	1	2	3	4
Are you happy with your coach's performance?	1	2	3	4

Scale: (circle one) 1 – Rarely 2 – Sometimes 3 – Usually 4 – Always

1. Was the coach prepared for games and practices?	1	2	3	4
2. Were the practices well organized?	1	2	3	4
3. Did this coach communicate / demonstrate effectively the concepts they were trying to teach?	1	2	3	4
4. Did this coach display and encourage respect for game officials?	1	2	3	4
5. Did this coach display encouraging and positive conduct on the field?	1	2	3	4
7. Did this coach have a positive attitude with all players?	1	2	3	4
8. Did this coach motivate your child in a positive manner?	1	2	3	4
9. Did this coach communicate 'age appropriately' with the players?	1	2	3	4

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| 10. Did this coach communicate well with the parents? | 1 | 2 | 3 | 4 |
| 11. Did your child have fun this season? | 1 | 2 | 3 | 4 |
| 12. Do you feel that as a direct result of being coached by this person, your child's skill level has improved? | 1 | 2 | 3 | 4 |
| 13. Did your child show a pattern of improvement? | 1 | 2 | 3 | 4 |
| 14. Would you like this coach to return next season? | 1 | 2 | 3 | 4 |
| 15. Did you feel your coach is qualified to coach youth soccer? | 1 | 2 | 3 | 4 |
| 16. Do you feel your coach is qualified to coach at this age and level? | 1 | 2 | 3 | 4 |

How would you rate your level of satisfaction with the overall operation of the team?

Very satisfied _____ Satisfied _____ Dissatisfied _____ Very dissatisfied _____

Do you have anything specific you would like to share regarding the coach and his/her overall coaching style, attitude and techniques?

Please feel free to add any additional comments in the space below:

Player Name: _____

Parent Contact Name: _____

Telephone: _____

All information is kept confidential, with the exception of the Club Board members. Please provide your telephone number if you would like to be contacted regarding your questions and/ or concerns. Evaluations will be summarized and all personal or identifying information removed before sharing with the Coach and Coach Selection Committee. Evaluations without personal identification will be reviewed by the President, but will not be provided to the Coach Selection Committee.

Should you have any additional comments, please write them on the back of this form or add pages. You may also send your comments by email to Head_Coach@CPSoccer.ca or Administrator@CPSoccer.ca .

The Carleton Place Soccer Club thanks you for taking the time to provide your feedback.