



**Town of Plattsburgh  
Youth Sports Program  
Parent Evaluation of Coach Form**



Coach Name \_\_\_\_\_ Sport \_\_\_\_\_

Age Group/Level \_\_\_\_\_

We would appreciate your providing an honest evaluation of your child's coach as part of our efforts to provide the best youth sport program possible. Thank you.

**A. Evaluate the degree to which you believe your child achieved the following (Circle one):**

	Not at all		Somewhat		Very Much
Had fun	1	2	3	4	5
Learned sportsmanship	1	2	3	4	5
Improved physical fitness	1	2	3	4	5
Learned to cooperate with teammates	1	2	3	4	5
Learned to compete appropriately	1	2	3	4	5
Developed leadership skills	1	2	3	4	5
Increased motivation to continue playing the sport	1	2	3	4	5

**B. How did the coach do on the following items? (Circle one):**

	Not at all		Somewhat		Very Much
Treated your child fairly	1	2	3	4	5
Kept winning in perspective	1	2	3	4	5
Took appropriate safety precautions	1	2	3	4	5
Organized practices and contests	1	2	3	4	5
Communicated with you	1	2	3	4	5
Taught effectively	1	2	3	4	5
Showed self-control	1	2	3	4	5
Encouraged and recognized your child	1	2	3	4	5
Helped your child's self-esteem	1	2	3	4	5
Taught respect for opposing players, Coaches and officials	1	2	3	4	5

**C. Would you recommend that your child's coach be encouraged to continue coaching in the program? (Circle one):**

Yes                      No

**D. If you could change anything about the coaching of your child, what would it be?**

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*Please drop off, email, mail, or fax to: Janet Sosnicki, Program Coordinator  
151 Banker Road  
Plattsburgh, NY 12901  
Fax: 563-8136*