



Grand Forks Minor Hockey Association

Box 901 Grand Forks BC, V0H 1H0 / www.grandforksmha.ca

Grand Forks Minor Hockey Coaches Evaluation Form

Dear Parent:

The following questionnaire has been developed with the purpose of evaluating our coaches within Grand Forks Minor Hockey.

Your input will help to: 1) provide feedback, which will encourage our coaches and contribute to their development 2) assist in the selection process of our coaches in upcoming years.

Surveys will be kept confidential

Coach or Assistant: _____

Division/Team Name: _____

	Very Satisfied	Satisfied	Neutral	Dis-satisfied	Very dissatisfied
1. The coach treated players fairly and provided equal opportunity and ice time to all players in all situations.					
2. The coach kept the team controlled and respectful on and off the ice.					
3. The coach was an appropriate role model, kept his/her composure and kept "winning" in perspective to the level coached.					
4. The coach taught skills and tactics appropriate to the level of the team.					
5. Organized safe, fun and meaningful practices which made effective use of time, assistant coaches and ice surface.					
6. The coach kept the year positive, enjoyable and fun for your son/daughter					
7. The coach interacted and communicated in an effective and timely manner with the parents.					

Did you bring any concerns you may have had			
to the attention of the coach? Or	Yes	No	N/a
to the attention of the team manager ?	Yes	No	N/a
I you answered yes to either of the above questions was your concern addressed to your satisfaction. Yes No If you answered No please elaborate on the back.			
How would you recommend this coach for next season? Circle one			
Highly Recommended	Recommended	Conditionally Recommended	Not Recommended

Name (will be kept confidential) : _____

Please provide any additional feed back on the back of this form. We encourage your comments (both positive and negative).

Thank you for taking the time to complete this questionnaire.