

## Evaluation Form

The purpose of this form is to evaluate a players overall experience of their hockey season. The form will be reviewed and summarized by a committee, Players are asked to fill out this form with the assistance of their parents. This form is made available online with all players encouraged to fill it out.

**Please enter the following:**

Name: \_\_\_\_\_ (optional)      Are you a Player or Parent? (please circle one)

Phone Number: \_\_\_\_\_ (optional) E-mail Address: \_\_\_\_\_ (optional)

Competitive or Houseleague (circle one)      Division: \_\_\_\_\_ (eg. Tyke, atom)

Coach's Name: \_\_\_\_\_ Manager's Name: \_\_\_\_\_

<b>PLAYER QUESTIONS</b>	<b>strongly diasagree</b>			<b>strongly agree</b>		
All the players on my team were treated with kindness and respect	1	2	3	4	5	N/A
Did you play in all types of game situations? i.e. Power Play, short-handed, last minute of a close game	1	2	3	4	5	N/A
My coach was a good teacher	1	2	3	4	5	N/A
My coach avoided using foul language / swearing	1	2	3	4	5	N/A
My coach seemed to be enjoying themselves	1	2	3	4	5	N/A
Did the coach give you an opportunity to become a better player?	1	2	3	4	5	N/A
My coach cared more about us learning and having fun, than winning at all costs	1	2	3	4	5	N/A
My coach didn't get angry with us when we lost or played badly	1	2	3	4	5	N/A
Our practices were well organized	1	2	3	4	5	N/A
My coach earned my respect	1	2	3	4	5	N/A
I felt comfortable talking to my coach and asking him/her questions	1	2	3	4	5	N/A
I felt that my coach was glad to have me on the team	1	2	3	4	5	N/A
I look forward to next season	1	2	3	4	5	N/A
I would like to caoch minor hockey when I'm older	1	2	3	4	5	N/A

What did you like the most about being on your team this year? \_\_\_\_\_

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What positive change would you recommend for the next season? \_\_\_\_\_

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**Parent Thoughts:**

My child's coach was a positive influence on my child	YES	NO
My child enjoyed coming to the rink	YES	NO
This season was a positive experience for my child	YES	NO
Communication between the coaching staff/manager and parents was timely and effective.	YES	NO
The coaching staff was receptive to feedback from parents	YES	NO
I received the financial statements in the new calendar year and at season's end, as required, by the team manager	YES	NO

Any final thoughts / comments: \_\_\_\_\_

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**Would you like a member of the Executive to contact you about this Evaluation? Please provide contact information at the top of the page.**

**YES or NO**

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS EVALUATION, YOUR INPUT IS VALUABLE TO US!**