



Kent Valley Hockey Association

2015/2016 Coaching Evaluation Form

Team Name: _____

Enter team name on line above.

Head Coach: _____

Enter Head Coach name(s) on line above.

This evaluation form is read and reviewed by the Hockey Director. The purpose of this form is to help us determine future coaching positions and to use your suggestions to help improve our Kent Valley Hockey Association. Individual coaching evaluations will not be shared with coaches. However, they will be notified of the average rating that they receive and any specific comments that need addressing. Confidentiality will be maintained. Please answer each question as honest and truthfully as possible with a rating of 1 to 5 (where appropriate) with **1 being the lowest rating and 5 being the highest rating.**

Use back of form for narrative responses and additional comments.

A. To be completed by the player:

Circle your answer

1. Did you enjoy being on the hockey team? 1 2 3 4 5
2. Did you learn something new about hockey? 1 2 3 4 5
3. Did your hockey skills improve this season? 1 2 3 4 5
4. Are you planning to play hockey at Kent Valley next season? No Yes
5. What was your favorite activity in practices? *(Please use back of form)*
6. What was your least favorite activity in practices? *(Please use back of form)*
7. Did you think playing time was fair? No Yes
8. Did you think you had enough opportunity to ask questions? 1 2 3 4 5
9. What would you change to help next season's team? *(Please use back of form)*

B. To be completed by the parent:

Circle your answer

1. Did your child enjoy the hockey experience? 1 2 3 4 5
2. Do you feel your child became a better hockey player? 1 2 3 4 5
3. Did your child gain a better perspective of teamwork? 1 2 3 4 5
4. Did the hockey experience help your child mature? 1 2 3 4 5
5. Did hockey help your child's self-confidence? 1 2 3 4 5
6. In your opinion, was playing administered properly? 1 2 3 4 5
7. Was the coach's conduct at games acceptable? 1 2 3 4 5
8. Do you feel your child was treated with respect? 1 2 3 4 5
9. How would you rate the coach's organization skills? 1 2 3 4 5
10. Was the coach prepared for practices and games? 1 2 3 4 5
11. How would you rate the coach's communication with parents? 1 2 3 4 5
12. Was there sufficient supervision and discipline of players before, during and after practices and games? 1 2 3 4 5
13. Please suggest changes to improve the program. *(Please use back of form)*
14. Please list other questions that should be on this evaluation. *(Please use back of form)*

To be completed by the player:

A 5. What was your favorite activity in practices?

A 6. What was your least favorite activity in practices?

A 9. What would you change to help next season's team?

To be completed by the parent:

B 13. Please suggest changes to improve the program.

B 14. Please list other questions that should be on this evaluation.

Additional Comments:

This survey is intended to be anonymous. However, if you would like follow-up from the Hockey Director, please tell us how to contact you and the best time to make that contact:

Name: _____ Phone: _____ Best time: _____

Please return your completed Coaching Evaluation Form at your earliest convenience to the front desk at Kent Valley Ice Centre. Thank you for your cooperation.

Danny Lorenz, Hockey Director, Kent Valley Hockey Association

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