

SYHA 2009-10 Coaching Evaluation

The coaching committee attempts to provide the best possible coaches for each team. In order to accomplish this next year, we would appreciate your input this year. Please **mail your responses to SYHA by February 28, 2010**, so the Coaching Committee can begin the selection process for the new season.

Parent Name(s): _____ Phone: _____
(optional, but preferred for follow-up)

Team: _____ Head coach: _____

	Excellent	Good	Average	<Aver.	Poor
Knowledge of hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to teach/communicate hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to teach hockey at this age level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages each player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately disciplines each player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has control of the team as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has control of each player individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has appropriate expectations for the team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has appropriate expectations for each player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with the parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes efficient use of ice time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is prepared and develops practice plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes sportsmanship and teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List this coach's strengths: _____

List any recommendations you have for this coach: _____

Would you want your child to have this coach another year? Yes No
 Why or why not?

Feel free to comment about any assistant coaches your team(s) had this year: _____

Are you or do you know of anyone who is possibly interested in coaching next year? Yes No

We are always in need of good coaches. Please realize that the more input we have from our members, the higher the quality of coaching our sons and daughters will receive. Thank you for your feedback.

Return evaluations to: SYHA Coach's Evaluation, P.O. Box 351, Stoughton, WI 53589