



## HMHA Coaching Staff Evaluation Form

**Team:** \_\_\_\_\_.  
**Coaches Name(one form for each coach!):** \_\_\_\_\_.  
**Your Name (optional):** \_\_\_\_\_.

Please tell us to the extent to which you agree or disagree with each of the following statements about the coach of your son or daughter's hockey team.

Circle the most appropriate number, using a following scale:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
1	2	3	4	5	

Please circle 'n/a' (not applicable) if you cannot or do not wish to answer a particular item.

### Practices

The coach ran well-organized practices	1	2	3	4	5	n/a
Your child's hockey skills improved	1	2	3	4	5	n/a
Your child received positive direction and feedback	1	2	3	4	5	n/a

### Games

All players on the team received a fair amount of ice time over the course of the season	1	2	3	4	5	n/a
Discipline issues were handled fairly and consistently	1	2	3	4	5	n/a
The coach kept winning in perspective	1	2	3	4	5	n/a
The coach's conduct at games was acceptable	1	2	3	4	5	n/a

### General

Your child had a positive learning experience	1	2	3	4	5	n/a
Your child had fun	1	2	3	4	5	n/a
The coach helped develop your child's confidence, self-respect and respect for his/her teammates	1	2	3	4	5	n/a
Your child learned sportsmanlike behavior	1	2	3	4	5	n/a
The coach was an effective teacher	1	2	3	4	5	n/a
The coach communicated effectively with the players	1	2	3	4	5	n/a
The coach communicated effectively with the parents	1	2	3	4	5	n/a
The coach treated all players fairly	1	2	3	4	5	n/a
The team progressed over the course of the season	1	2	3	4	5	n/a

### Overall

Your hockey season was an enjoyable experience	Y	N
You would want this individual to coach your child again	Y	N
You would of liked to have more practice time	Y	N

Please include any additional comments/suggestions on the back of this form.